

ANTICHOLINERGIC RISK IN THE ELDERLY

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Background

Anticholinergic drugs (ACD) are closely related to serious negative health outcomes in the elderly, however, they are widely used in these patients. There are several scales in the literature to predict the risk of suffering anticholinergic effects in the elderly.

Aim and objectives

To analyze the anticholinergic risk and its variability using different scales in a sample of institutionalized elderly patients.

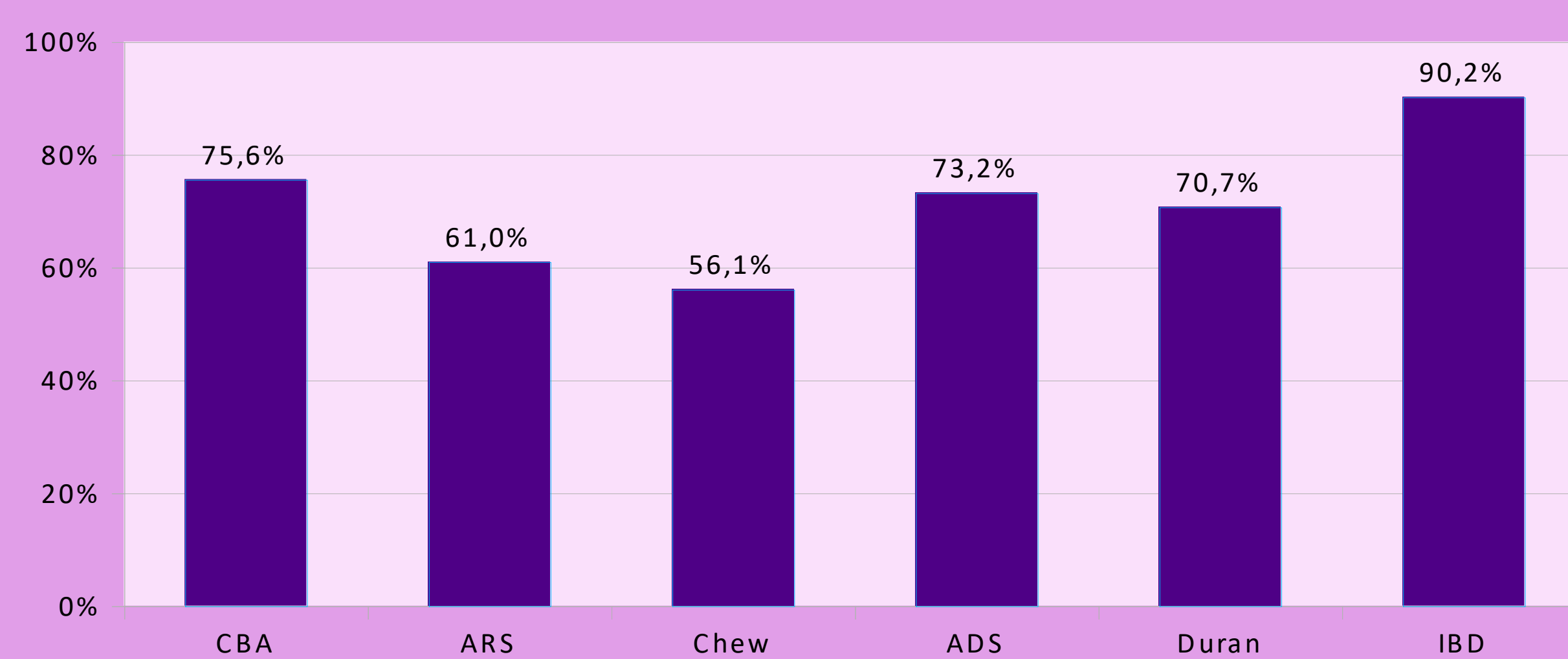
Material and methods

Observational and retrospective study, which includes institutionalized patients with the following characteristics: age >65 years, polymedicated (>5 drugs) with at least one prescribed ACD. The variables collected were: age, sex, prescribed drugs and anticholinergic risk calculated from the Anticholinergic Cognitive Burden Scale (CBA), Anticholinergic Risk Scale (ARS), Chew's Scale (Chew), Anticholinergic Drug Scale (ADS), Duran's Scale (Duran) and Drug Burden Index (DBI). Data were obtained from the electronic clinical history.

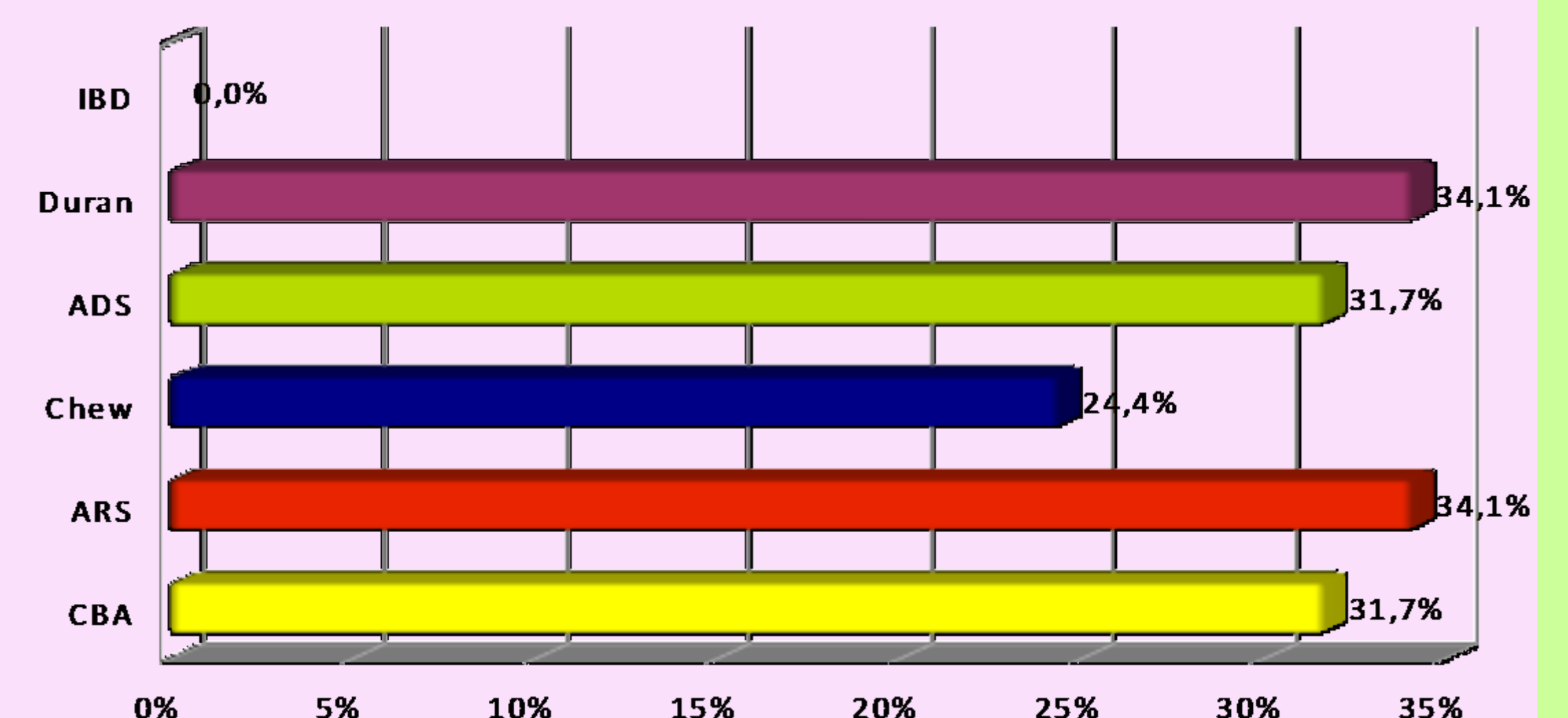
Results

41 patients (73.2% Women) were included with mean age: 86.6 ± 7.1 . Mean prescriptions: 11.2 ± 2.7 .

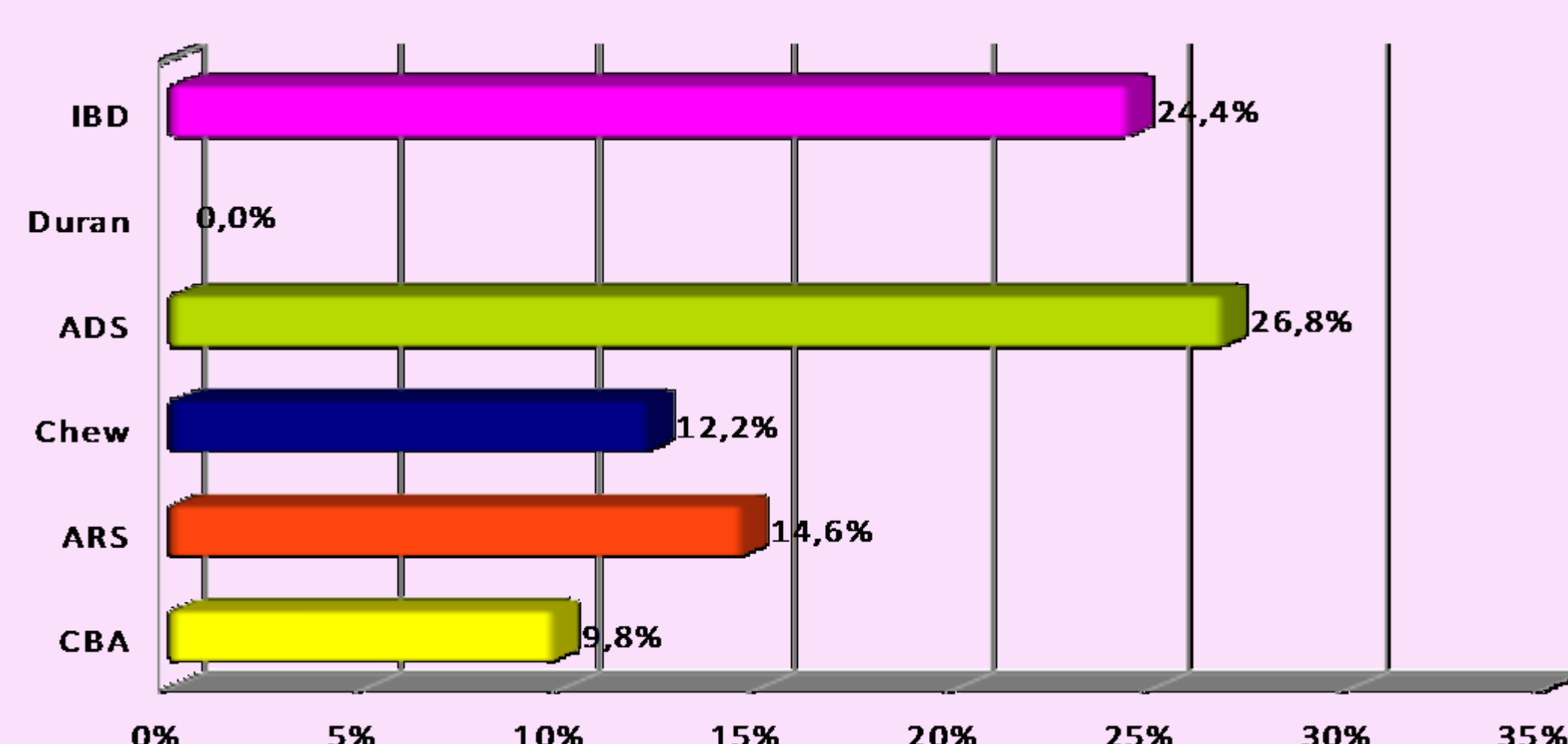
Patients with at least one anticholinergic drug prescribed according to different scales



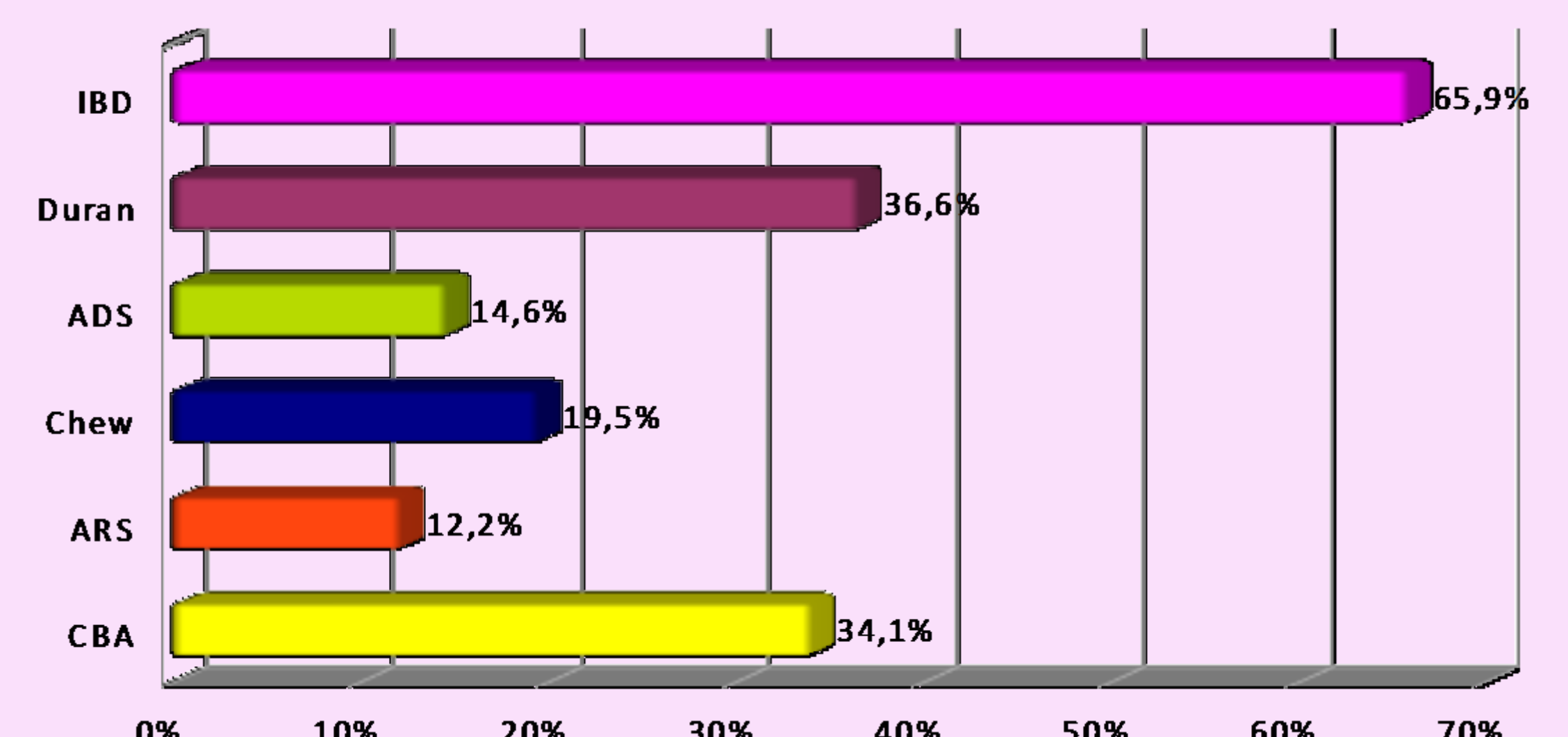
Patients with low anticholinergic risk



Patients with medium anticholinergic risk



Patients with high anticholinergic risk



Conclusions

There is a high probability of suffering anticholinergic effects in our sample of patients, however, according to the scale used, both the percentage of patients with risk of anticholinergic effects and the degree of the risk is very variable. It seems that the DBI scale tends to detect greater risk in our patients. Further studies are needed to validate the more appropriate scale for our population.