

# ANTICHOLINERGIC BURDEN IN OLDER PEOPLE LIVING WITH HIV

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## BACKGROUND AND IMPORTANCE

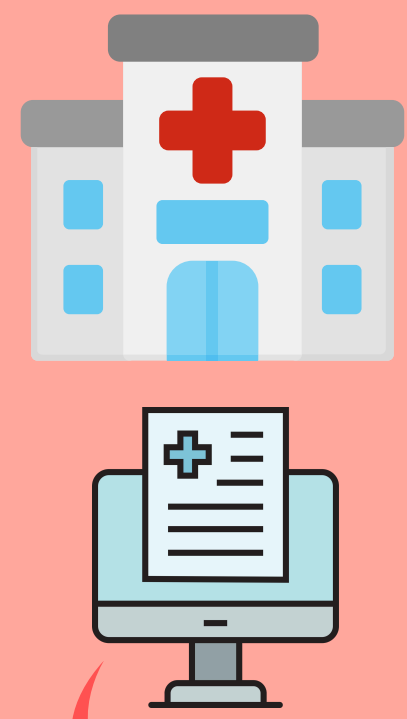
Anticholinergic burden (AB) in older people living with HIV (PLWHIV) is associated with an increased risk of adverse outcomes.

## AIM AND OBJECTIVES

- To assess AB in a cohort of older PLWHIV using different anticholinergic scales (AS)
- To identify factors associated with AB
- To evaluate the level of agreement among AS

## MATERIALS AND METHODS

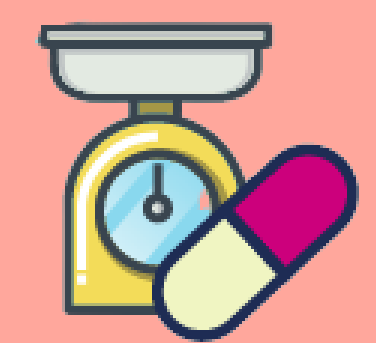
### Multicentre study



Retrospective, cross-sectional study of PLWHIV aged  $\geq 65$  receiving antiretroviral therapy (ART) across 10 Spanish public hospitals (1 Sept - 31 Dec 2021)

Demographic, clinical, and pharmacotherapeutic data

### AB was calculated:



- Anticholinergic Cognitive Burden Scale (ACB)
- Anticholinergic Risk Scale (ARS)
- Anticholinergic Drug Scale (ADS)

## RESULTS

313 patients  
 80.5% Male  
 72 years (IQR 69-76)



Median Veterans Aging Cohort Study (VACS) Index = 39 (IQR 33-46.5)  
 Median of 4 non-HIV chronic comorbidities (IQR 3-6)  
 Median of 5 non-ART chronic medications (IQR 3-7)

### Risk Factors (Multivariate Analysis)



**NEUROPSYCHIATRIC DISORDERS**  
 OR 7.37, 95% [CI 3.90-13.94]



**FEMALE SEX**  
 OR 2.38, 95% [CI 1.14-4.97]

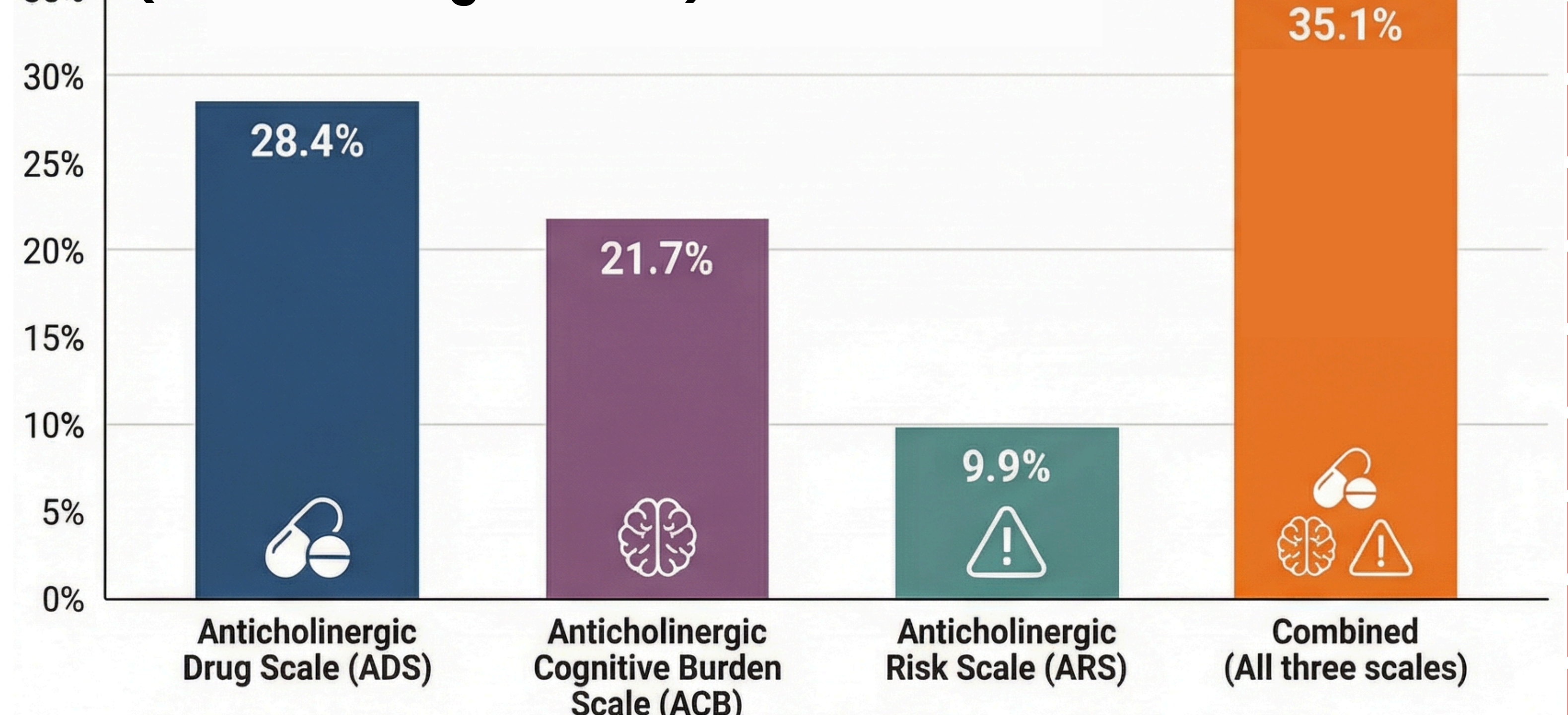


**Nº NON-ART CHRONIC MEDICATIONS**  
 OR 1.36, 95% [CI 1.23-1.50]



**OLDER AGE**  
 OR 1.13 95% [CI 1.07-1.20]

### Prevalence comparison (Anticholinergic scales)



Agreement between AS was moderate for ACB-ARS and ACB-ADS ( $k=0.404$ ,  $p<0.001$ ;  $k=0.586$ ,  $p<0.001$ , respectively), and poor for ARS-ADS ( $k=0.199$ ,  $p<0.001$ )

## CONCLUSION AND RELEVANCE

- High prevalence of AB in older PLWHIV
- Prevalence varied by assessment scale used
- Limited agreement among different scales
- Specific patient groups at increased risk

Use multiple assessment scales simultaneously

Single-scale approach may miss at-risk patients

