

# ASSESSMENT OF ANTICHOLINERGIC RISK IN COMPLEX CHRONIC PATIENTS IN AN INTERMEDIATE CARE HOSPITAL

M. RUIZ ROIG, M.A. CRESPI CIFRE, M. SANZ MUÑOZ, B. TAJADURA LARREA, M. CABALLERO SANCHEZ, L.M. TALAVERA MERINO, F. COMPANY BEZARES, M. VILANOVA BOLTO.

## BACKGROUND AND IMPORTANCE

SON LLATZER UNIVERSITY HOSPITAL, PHARMACY, PALMA, SPAIN.

**Anticholinergic burden (AB)** is a predictor of cognitive and physical impairment, particularly in elderly populations, and it has been associated with an **increased risk of falls, cognitive decline, and higher mortality rates**. Although there is substantial evidence of the negative impact of high AB in elderly and complex chronic patients (CCP) in primary care, there are few studies specifically examining AB in intermediate care hospitals (ICH).

## AIM AND OBJECTIVES

To assess the AB risk in the treatment of CCP aged  $\geq 65$  years admitted to an ICH and to underscore the role of the hospital pharmacist as a key member of the multidisciplinary team.

## MATERIALS AND METHODS

- A descriptive cross-sectional study
- 99-bed ICH
- **Patients aged  $\geq 65$  years and classified as CCP** (defined as having multiple chronic conditions with frequent decompensations and a high risk of functional decline)
- Information collected: **active treatment, age and sex** (from the electronic health record)

AB was assessed using the following validated scales:

1. Serum Anticholinergic Activity (CHEW)
2. Anticholinergic Drug Scale (ADS)
3. Drug Burden Index (DBI)



## RESULTS

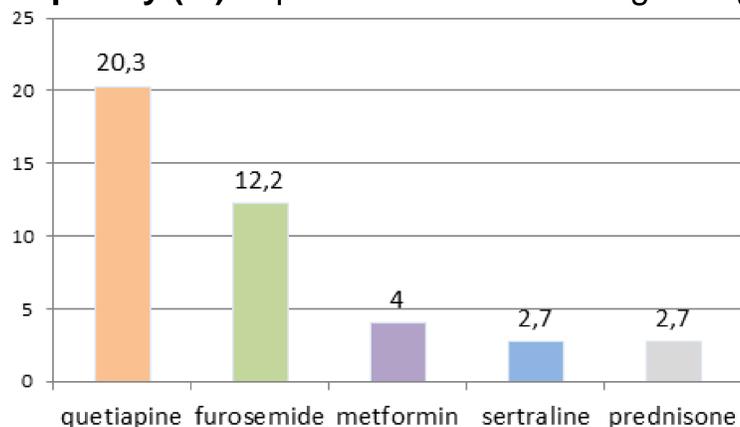
80 patients:  
✓ mean age of 84 years ( $\pm 7.7$ )  
✓ 60.8% were female

173 different active substances were identified:  
58 (33.5%) had anticholinergic properties

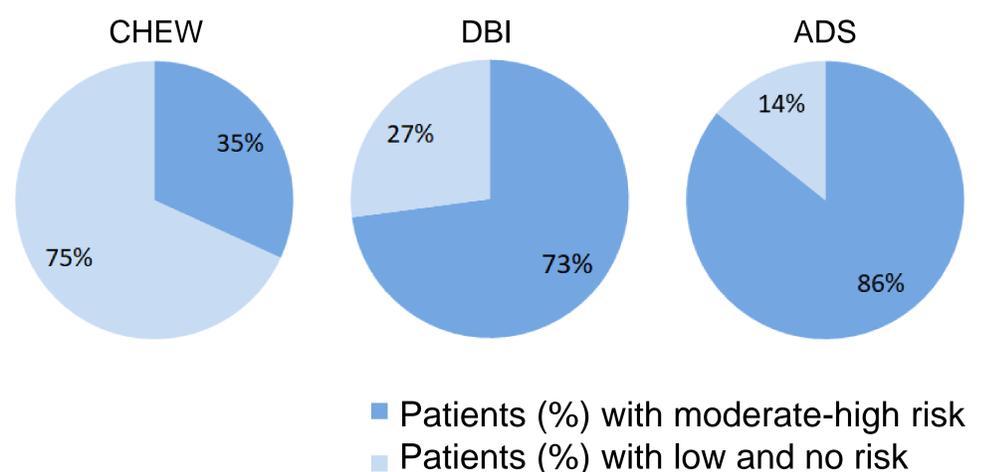
Mean number of prescriptions per patient: 14 ( $\pm 4$ )  
of which 5 ( $\pm 2$ ) were for anticholinergic drugs

- The **active substances with the highest AB** included: cetirizine, clomipramine, clonazepam, citalopram, digoxin, famotidine, fentanyl, hydroxyzine, mirtazapine, prednisone, quetiapine.

- **Frequency (%) of prescribed anticholinergic drugs:**



Anticholinergic risk varied depending on the scale used:



## CONCLUSION AND RELEVANCE

Anticholinergic risk in CCP aged  $\geq 65$  years admitted to an ICH is high. The level of risk varies depending on the scale used. However, **one-third of patients showed moderate-high risk, even exceeding 70% according to the ADS and DBI scales**. These findings support the inclusion of hospital pharmacists in the multidisciplinary team in order to optimize pharmacotherapy, reduce adverse events, and improve patient safety.

