

ABSTRACT NUMBER: 5PSQ-045

ANALYSIS OF A PHARMACEUTICAL INTERVENTION IN POLYMEDICATED PATIENTS WITH DEMENTIA AND IN TREATMENT WITH HIGH ANTICHOLINERGIC ACTIVITY DRUGS

M.C. SÁNCHEZ ARGAIZ¹, M. GALLEGO GALISTEO¹, A. TRUJILLANO RUIZ¹, A.J. VILLA RUBIO¹, E. CAMPOS DAVILA¹.
¹HOSPITAL NUEVO LA LÍNEA DE LA CONCEPCIÓN, HOSPITAL PHARMACY, LA LÍNEA DE LA CONCEPCIÓN (CÁDIZ), SPAIN.

Background and importance

Medicines with **anticholinergic** properties are frequently prescribed in older population for different medical conditions increasing the risk of cognitive and functional disorders.

Patients with **dementia in treatment with Acetylcholinesterase Inhibitors** (donepezil, rivastigmine, galantamine) are also more vulnerable to these drug-related problems, not only because of the adversely impact of the cumulative anticholinergic effect but also because the effects of anticholinergics and acetylcholinesterase inhibitors (AChEi) oppose each other and may result in a diminished therapeutic effect.

Material and methods

Observational, descriptive and prospective study in which the pharmaceutical interventions performed between June to August 2023 in 5 primary health-care centers. **Polymedicated patients (≥ 5 drugs) with dementia and AChEi drugs and concomitant treatment with high anticholinergic burden** were selected.

The clinician received a review of the potential drug interaction with clinical evidence and a list of patients eligible for deprescription. After one month we reviewed if the pharmaceutical intervention was accepted or not with any **change in patient prescription**: reduced dose of anticholinergic drug, suspension or substitution of any drug.

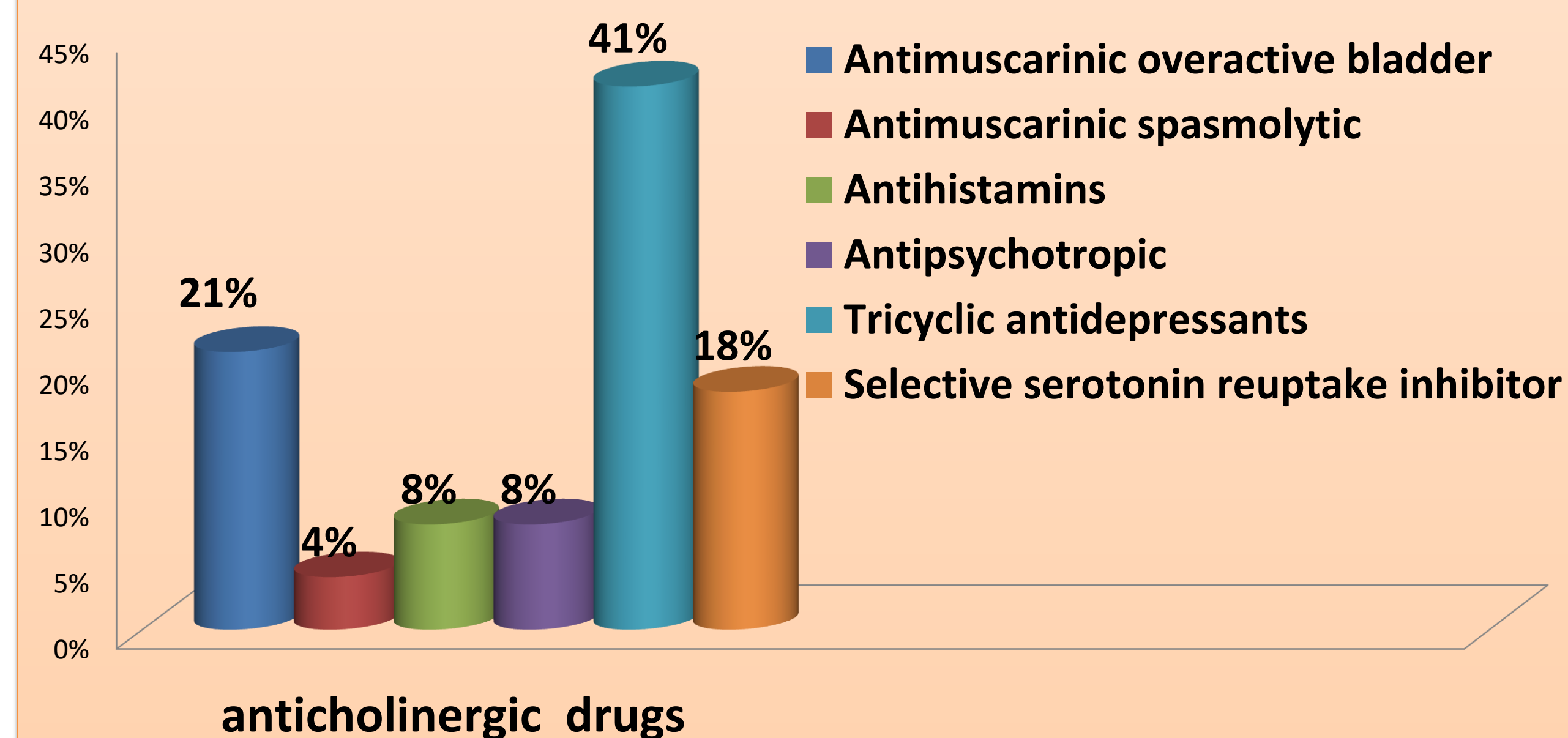
Aim and objectives

To analyze the pharmaceutical intervention carried out in polymedicated patients with dementia and taking high anticholinergic activity drugs.

Results

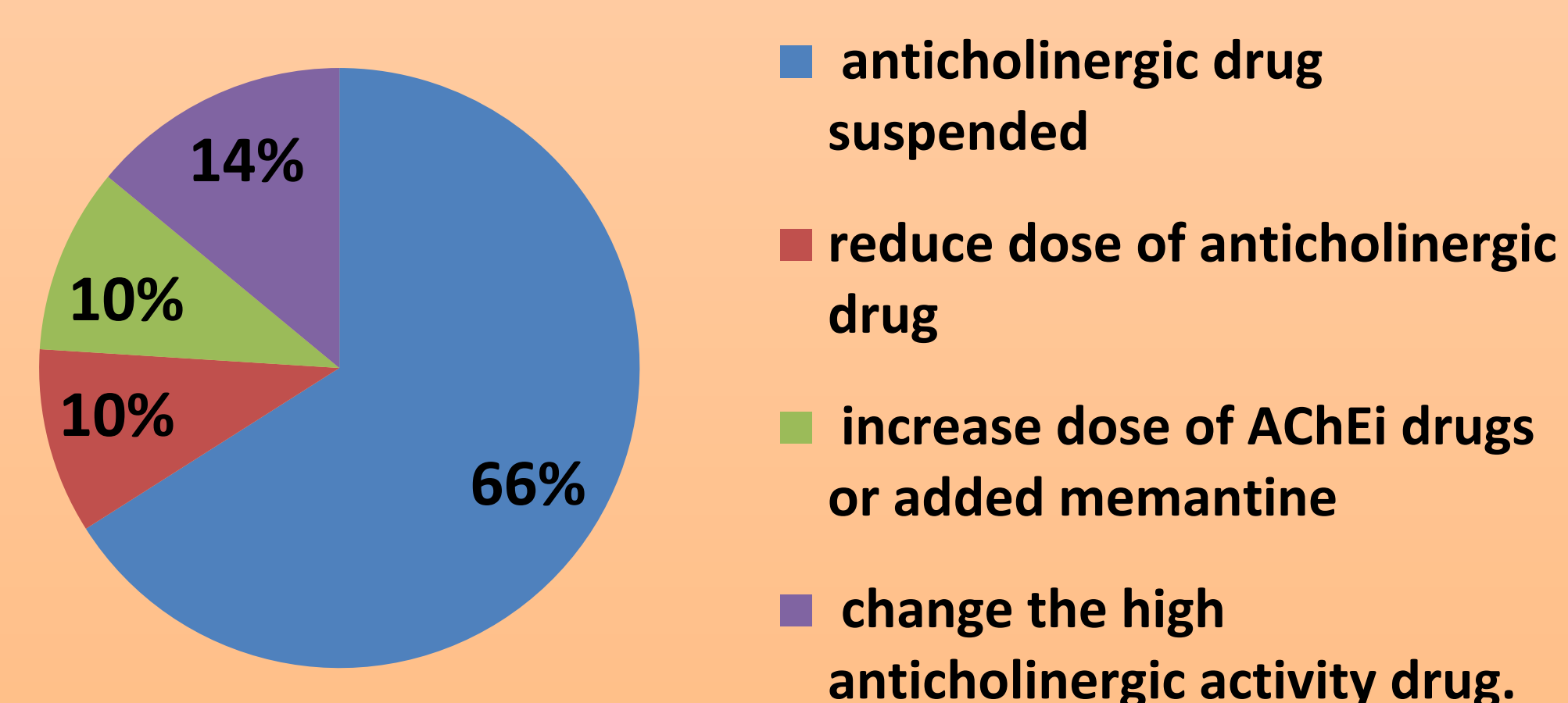
49 polymedicated outpatients were included, 29% men, 79(75-96) years median age.

Median prescribed drugs 12 (10-22). According to the ATC classification, the high anticholinergic activity drug prescribed were:



Acceptance of pharmaceutical intervention with any change in prescription: 43% (21).

Changes in prescriptions



Conclusion and relevance

This study highlights the need and **importance to review the chronic medication** and to measure **the anticholinergic burden** in old patients above all in dementia diagnosis. Most guides recommend the avoidance of the combination of anticholinergic drug and acetylcholinesterase inhibitors drugs if it is possible and this study gives us an idea of the benefit of having a pharmacist as part of the multidisciplinary team reviewing polymedicated patients to prioritize interventions in patients at highest risk of suffering adverse drug events.

