

ANTICHOLINERGIC BURDEN AND RISK FOR ADVERSE EVENTS OF RESIDENTS FROM A SPANISH NURSING HOME.

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Background and importance

Patients residing on nursing homes are frequently prescribed a wide range of drugs, however the rates of anticholinergic drug usage and the Anticholinergic Burden (AB) associated to these drugs have not been previously described.

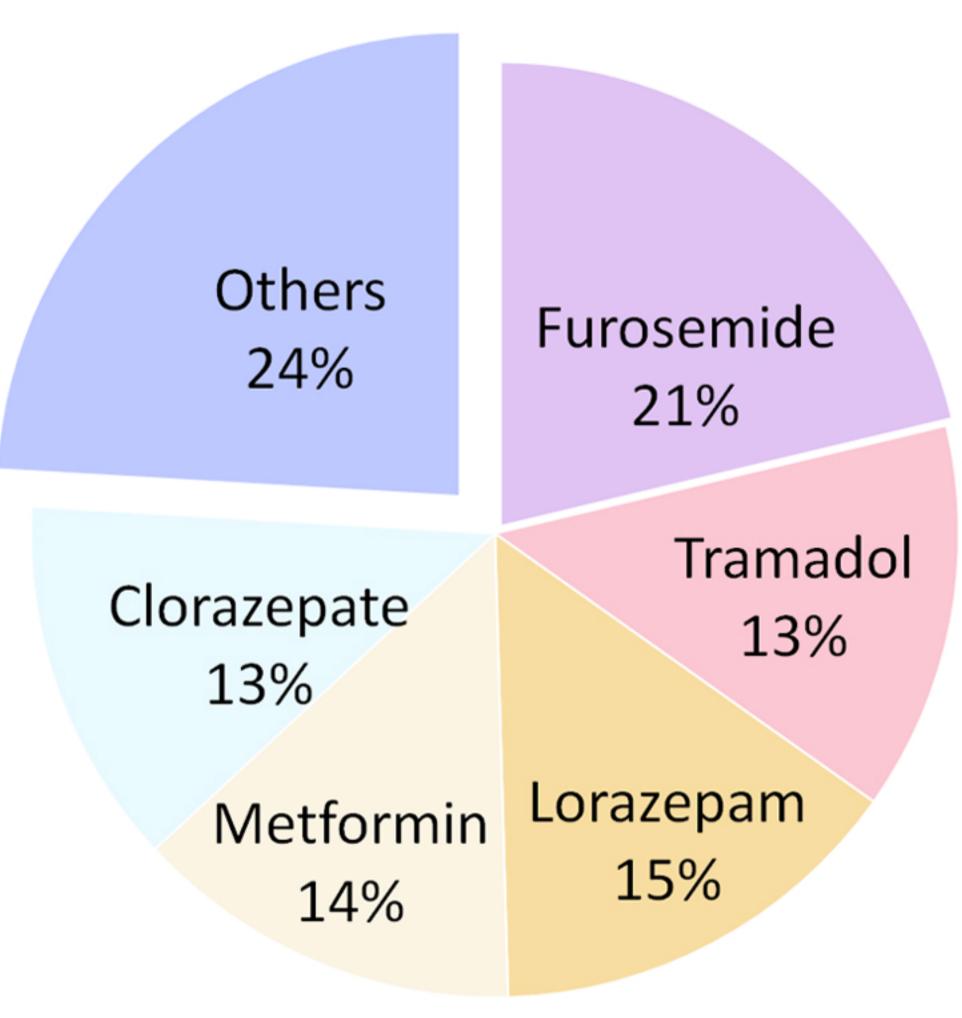
Aim and objectives

To study the anticholinergic prescription rates of patients residing on a nursing home.

Results

156 patients, 59.3% men, median age 74.2 (IQR:67.4-82.8) years old. Median of 10 (Range: 0-26) prescribed drugs with 2 (0-6) of them with anticholinergic activity.

Most patients were polymedicated half were heavily polymedicated.

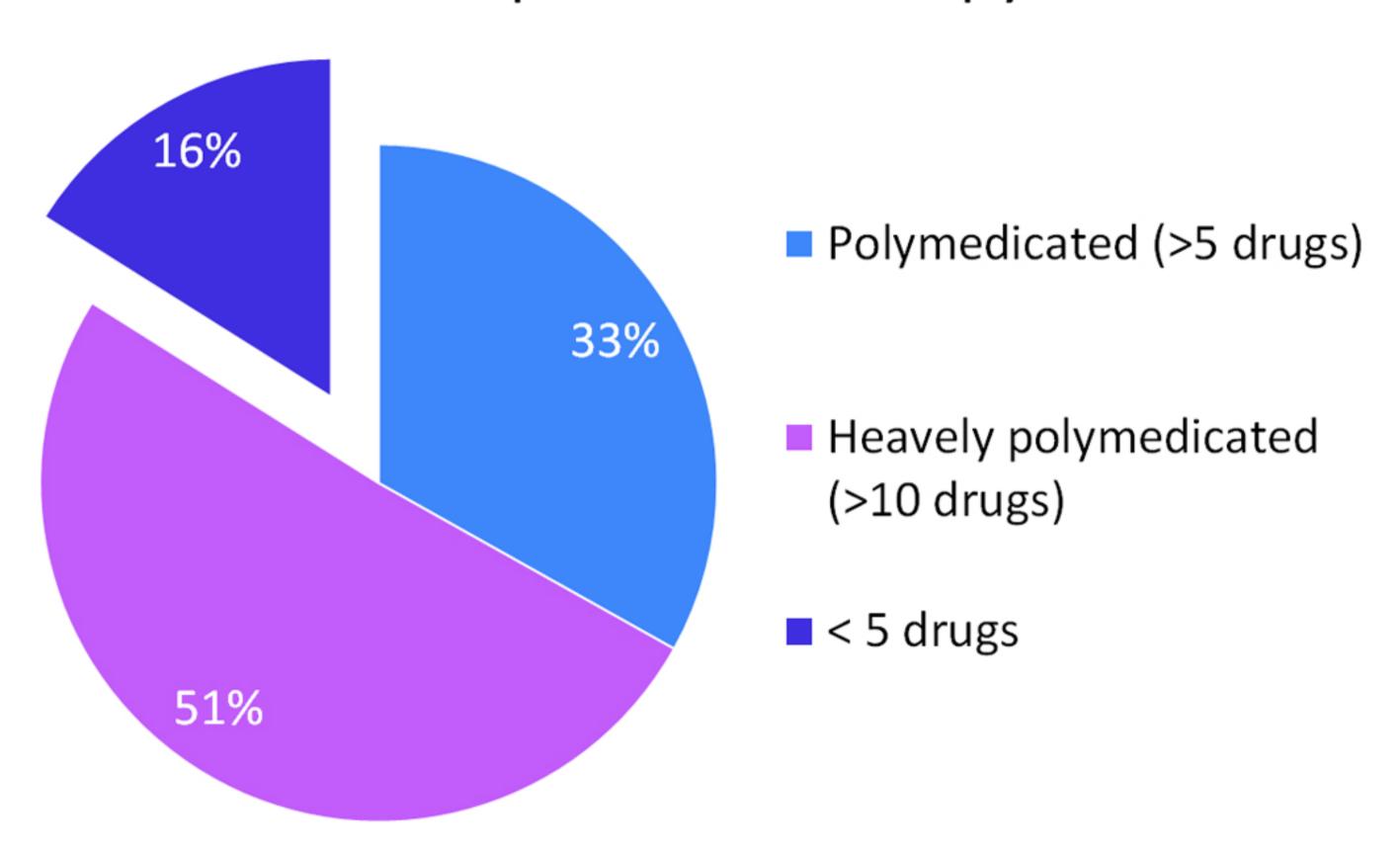


Material and methods

Observational cross-sectional study carried out from June 2020 to September 2020 in a nursing home. Patients were classified as polymedicated if more than 5 drugs were prescribed and heavy polymedicated if more than 10 drugs were prescribed.

AB and Anticholinergic risk were estimated with 10 anticholinergic scales.

Patient's pharmacotherapy



Anticholinergic scale	Patients with AB	Mean AB score	Mean anticholinergic Risk
Anticholinergic Cognitive Burden Scale	62.8% (n=98)	2.1	Medium
Anticholinergic Risk Scale	32.1% (n=50)	1.8	Medium
Chew's list	51.9% (n=81)	2.1	Medium-Low
Anticholinergic Drug Scale	55.1% (n=86)	2.4	Medium
Anticholinergic Activity Scale	50.6% (n=79)	2.6	Medium
Anticholinergic Load Scale	54.5% (n=85)	1.8	Medium-Low
Clinician-Rated Anticholinergic Scale	51.3% (n=80)	1.9	Medium
Duran's scale	54.5% (n=85)	1.9	Medium
Anticholinergic Burden Classification	41.0% (n=64)	3.7	High
Drug Burden Index	72.4% (n=113)	1.2	High-Medium

Conclusion and Relevance

Patients included were heavily polymedicated often with drugs with anticholinergic activity.

Most anticholinergic scales estimated at least a medium anticholinergic risk, predicting a relatively high risk for anticholinergic adverse events. This work highlights the differences of anticholinergic scales when estimating the anticholinergic risk and its capacity to recognise this risk on the studied population.



