

ANTICHOLINERGICAL RISK IN CHRONIC COMPLEX PATIENTS

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Background

Numerous studies demonstrate the association between the use of anticholinergic medication and cognitive impairment, as well as the increase in hospital readmissions, in fragile patients. The objective of this study is to evaluate the anticholinergic risk in a sample of fragile patients and identify the responsible drugs.

Material and method

Prospective, cross-sectional, descriptive and observational study that included chronic complex patients older than 65 years, polymedicated (> 5 prescribed drugs) and admitted to an acute hospital in September-2018. The variables registered are: demographic data, prescribed drugs, anticholinergic risk index (AR), Charlson index and degree of preventability of anticholinergic drugs. The data was collected from the electronic medical record during the therapeutic conciliation at admission made by the pharmacist. Anticholinergic Burden Calculator was used to calculate the AR (www.anticholinergicscales.es).

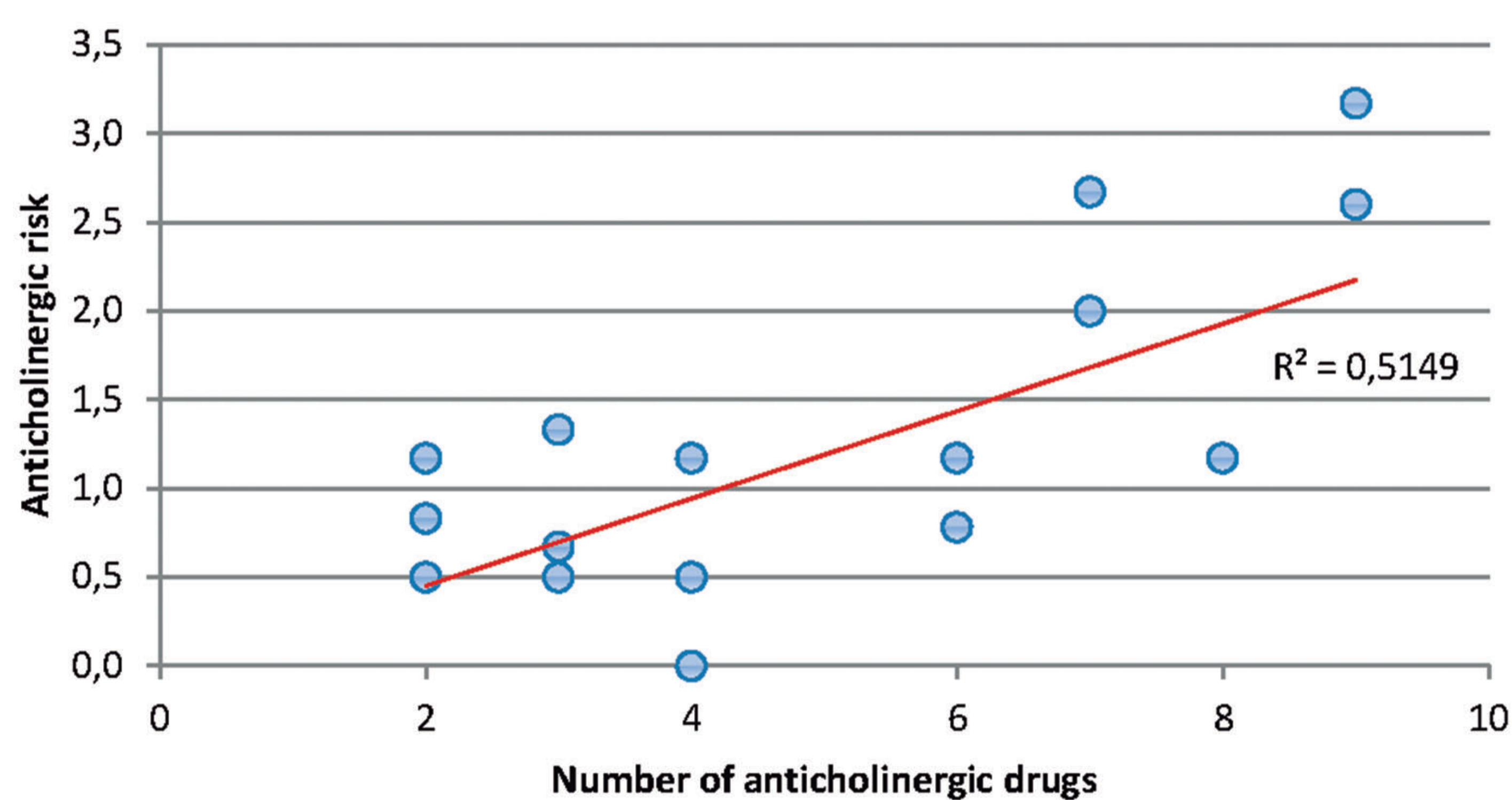
Results

24 patients were included, with a mean age of 83 years (SD: 7). Of these, 16 (67%) were women. The average of the Charlson index was 6.75 (SD: 2.45).

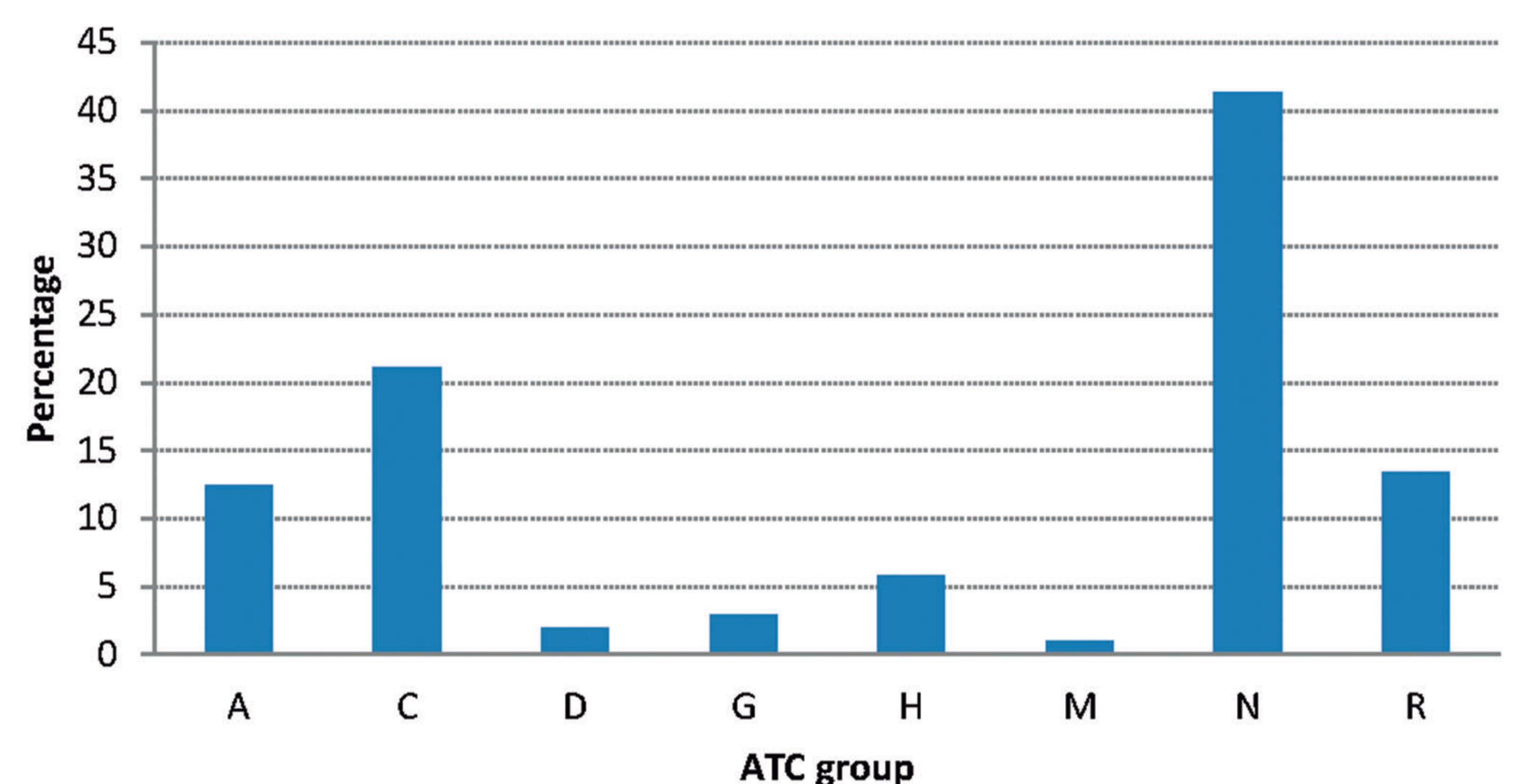
These patients were prescribed an average of 13 (SD: 5) drugs and, of these, an average of 4 (31%) anticholinergic drugs. According to the degree of AR, 11 patients (46%) had a high AR (AR > 1), 11 (46%) medium and 2 (8%) low. The mean AR was 1.07 (SD: 0.81).

108 prescriptions of anticholinergic drugs were registered. 67% of patients had 5 or more anticholinergic drugs prescriptions.

ANTICHOLINERGIC DRUGS AND AR



ATC GROUP



Based on the START/STOPP criteria, it was estimated that 27 prescriptions (25%) were avoidable in this group of patients.

Conclusions

The prevalence of AR was important in the sample of patients.

The AR could be avoided or reduced in at least a quarter of the prescriptions.

One third of the prescriptions correspond to drugs of group N in the ATC classification. It would be interesting to establish selection criteria for patients who can benefit from a pharmaceutical intervention to try to minimize the anticholinergic risk.

