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**Background:** Anticholinergic Anticholinergic drugs exert their effect by opposite mechanism to acetylcholinesterase inhibitors (AChEIs), helping to counteract their modest efficacy and favoring the appearance of adverse events.

**Purpose:** To determine prevalence of patients with concomitant prescription of AChEIs and anticholinergics in an institutionalized population and to analyze their associated characteristics.

**Material and methods:** cross-sectional descriptive study (August 2018).

### Target population (random sample)

- Patients from 3 nursing-homes
- AChEIs + Anticholinergic-drugs

### Variables

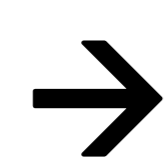
- Age, sex, number of drugs, Charlson Index-Sore (ChI)
- Presence, type and level of cognitive disorder (CD)
- Prescription of AChEIs and Anticholinergic-drugs

Anticholinergic-Cognitive-Burden (ACB) scale: CD elevated → accumulated score ≥ 3.

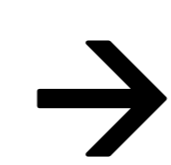
Global deterioration scale (GDS): evaluate CD (last 18 months).

## Results:

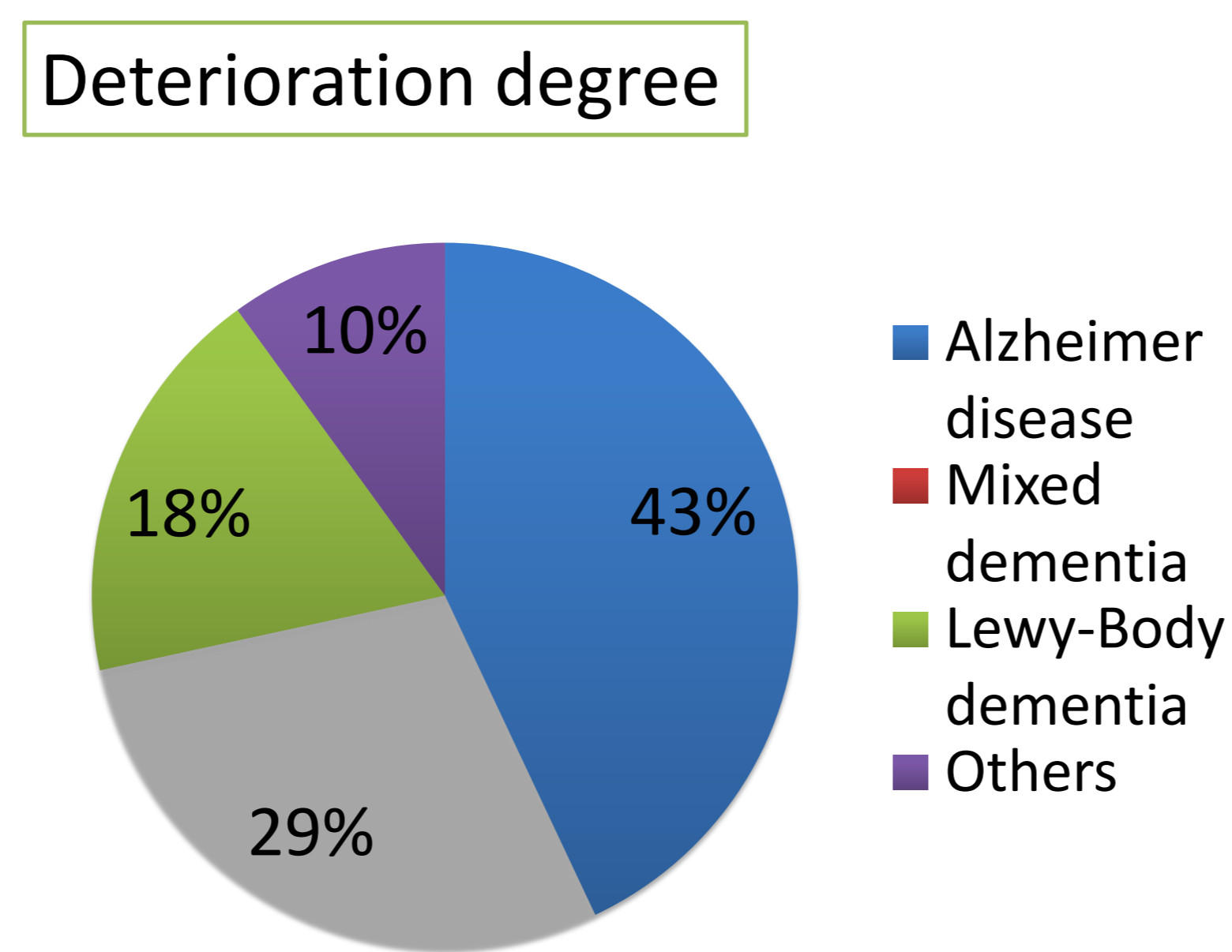
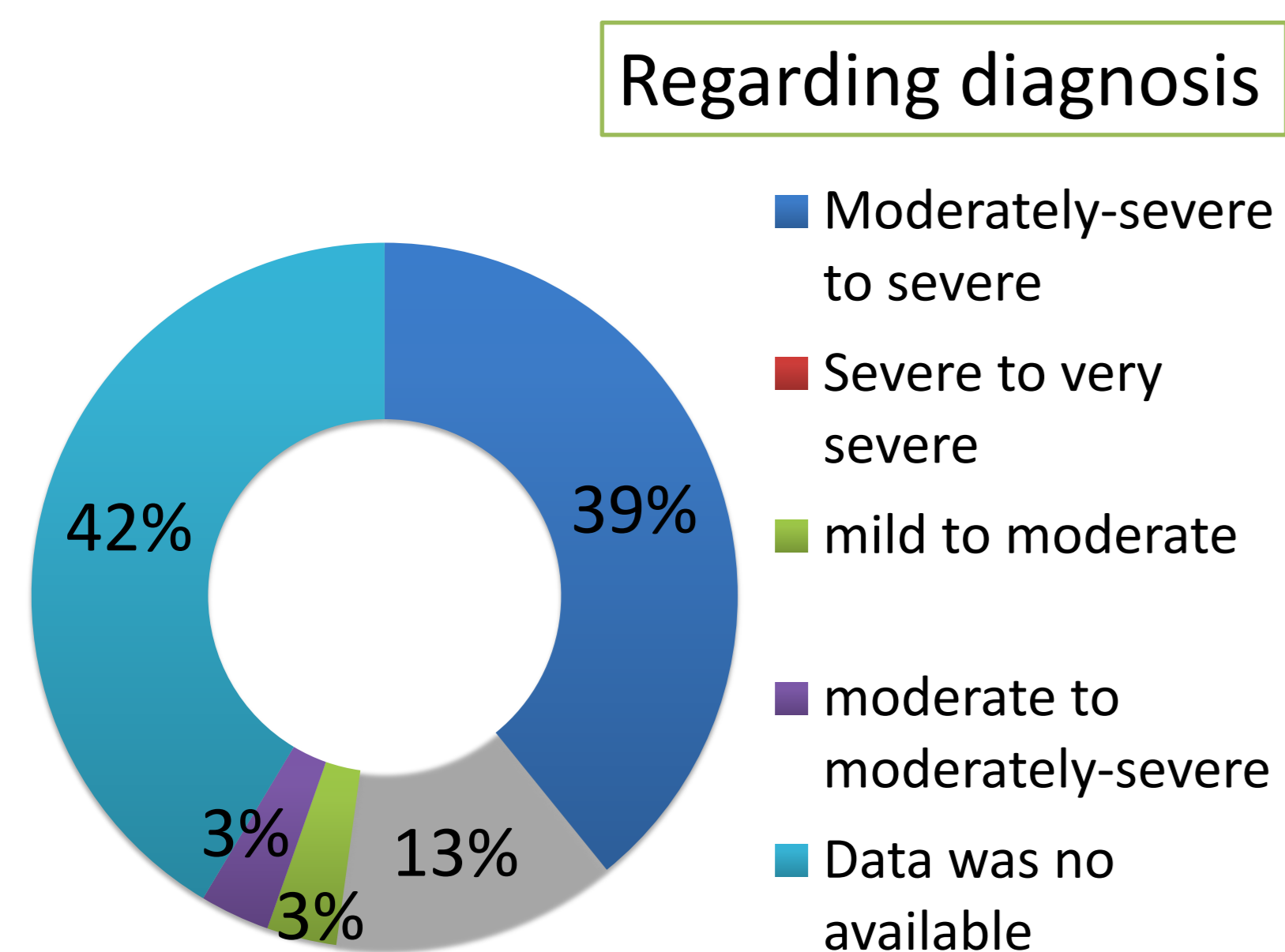
N = 367



219 patients with CD



22.4% AChEIs + Anticholinergic-drugs (n=49)



Mean age: 86.4 (±5.3)

79.6% women

Average ChI-Score: 6.2 (±1.2)

9 drugs/patient (range 2-17)

Drugs implicated	AChEI	Anticholinergic drugs
	Rivastigmine 53%	67 prescriptions (1,91 per patient)
	Donepezil (35%)	ATC N 82%
	Galantamine (12%)	16 prescriptions → ACB Scale
		• Quetiapine 87,5%
		• Others (trazodone)

- No statistically significant differences in taking anticholinergic drugs were found between those taking AChEIs or not. -

**Conclusions:** Almost half of our population presented an important/severe CD degree. Concomitant prescription of anticholinergics and AChEIs was frequent.

Drugs from NS were the most implicated. It was not more likely to take anticholinergics among those taking AChEIs.

A reappraisal of the therapeutic approach should be periodically considered in this vulnerable group of patients.

