Title: ANTICHOLINERGIC BURDEN IN PATIENTS ADMITTED TO A PSYCHIATRIC HOSPITAL

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Background and importance:

The effect of taking drugs with the capacity to develop anticholinergic adverse effects, both peripheral (urinary retention, constipation, etc.) and central (cognitive/functional disorders), is cumulative and may be different depending on the measurement scale used. In the psychiatric population this effect may be greater due to the type of medication used.

Aim and objectives:

To analyze the prevalence and risk of anticholinergic burden (AB) in hospitalized psychiatric patients through the use of different calculation scales, and comparison between them to determine the most indicated in our psychiatric sample.

To establish the most prescribed antipsychotic medications, and if there are differences between the short-stay unit (CSU) and the long / medium-stay ward (LSW).

Material and methods:

Cross-sectional study including psychiatric patients admitted in the last month.

Variables collected: demographic (age, sex), hospitalization unit, number of drugs with AB and their anticholinergic risk according to the following scales: Anticholinergic Drug Scale(ADS), Anticholinergic Risk Scale(ARS), Drug Burden Index(DBI) , Anticholinergic Cognitive Burden Scale(ACB), Chew's scale(Chew), Anticholinergic Activity Scale(AAS), Anticholinergic Load Scale(ALS), Clinician-Rated Anticholinergic Scale(CrAS) and Duran's scale(Duran).

The variables were obtained from the electronic medical record, and the AB and risk (no risk/low/medium/high) were calculated according to the aforementioned scales, using the "AB Calculator" tool.

Results:

67 patients (63% women) were treated with drugs with anticholinergic effects; mean age of 42.9 years.

All patients had prescribed some drug with AB (average number: 5)

Average number of drugs with AB in CSU was 3.8, compared to 5.5 in LSW ($p < 0.05$).

The AB on each scale was: 4.3 (high) with CBA; 3.7 (medium) with Chew; 2.3 (medium) with CrAS; 3.3 (medium) with AAS; 2.3 (medium) with ARS; 2.7 (high) with Duran; 2.9 (high) with DBI; 5.3 (high) with ADS; and 1.8 (medium) with ALS.

Among these drugs with anticholinergic activity, the most prescribed were benzodiazepines (88.1%), olanzapine (46.3%), antidepressants (41.8%) and quetiapine (37.3%).

Conclusion and relevance:

- Psychiatric patients treated with drugs with anticholinergic effect is very high (100%), being statistically higher in LSW than in CSU.
- Studies would be needed to determine which of these scales would be most useful to apply in our population.
- The drugs with anticholinergic activity most prescribed were, by far, benzodiazepines.
- Withdrawing (progressively), replacing pharmacological treatment (if it cannot be suspended) or reducing the dose (minimum effective dose) would be valid strategies to reduce the anticholinergic burden.