Anticholinergic burden

This briefing discusses the anticholinergic burden scoring scales, summarises the evidence and considers actions that health care professionals can take to minimise the use of medicines that may adversely affect cognitive function.

Recommendations

- Prescribe anticholinergic drugs with caution in older people or people with frailty or multimorbidities as they are more likely to experience adverse effects such as constipation, urinary retention, dry mouth, dry eyes, sedation, confusion, delirium, photophobia, falls and reduced cognition.[1-5]
- There is increasing evidence of the potential harm caused by medicines that have anticholinergic effects.[6-10] Use one of the risk scales to assess and review the anticholinergic burden.[11,12]
- Minimise the use of highly anticholinergic drugs where possible.[5,12]
- Review at regular intervals. Discontinue medicines if there is no absolute need or switch to a medicine with a lower anticholinergic burden score.[5,12,13]
- Undertake a medication review in older people that have had a fall or are at increased risk of falling as part of a multifactorial risk assessment.[14]
- In patients with dementia, perform a medication review to identify and minimize use of drugs that may adversely affect cognitive function.[12] Avoid prescribing anticholinergics with acetylcholinesterase inhibitors.[15]
- Use anticholinergic burden prescribing comparators to identify the number of patients at risk of anticholinergic side effects and prioritise work in this area.[16,17]

Anticholinergic burden scales and reviewing medicines

Anticholinergic medicines are prescribed for a wide range of conditions, including Parkinson's disease, overactive bladder, chronic obstructive pulmonary disease, nausea and vomiting, depression and psychosis. Combining medicines with anticholinergic activity might have cumulative harmful effects when given to a person with more than one clinical condition. This potential for harm increases with frailty and age. Reducing the anticholinergic burden may result in improvements in short term memory, confusion, behaviours and delirium.[13]

Various anticholinergic burden or risk scales have been devised to aid medication reviews so that certain medicines can either be stopped, or the medication regimen altered to reduce this burden. However, there is no single standard anticholinergic burden scale to aid in conducting medication reviews in older people or patients with frailty who take multiple medicines.

Some highly specialised therapeutic areas (for example Parkinson's disease) would require expert advice before considering a medicine change.

Anticholinergics are commonly associated with adverse effects if discontinued suddenly and may require slow withdrawal. Withdrawal symptoms may include anxiety, nausea, vomiting, headache and dizziness.[18] There are a number of tools available to help support medication review; these are discussed further in the PrescQIPP Polypharmacy and Deprescribing bulletin https://www.prescqipp.info/our-resources/bulletins/bulletin-254-polypharmacy-and-deprescribing/

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Additional resources available here	https://www.prescqipp.info/our-resources/bulletins/bulletin-253-anticholinergic-burden/

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