NORTHERN IRELAND
MEDICINES MANAGEMENT

Health and Social Care Board

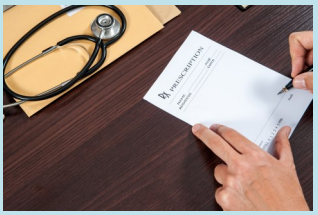
Anticholinergic Drugs Update

July 2018

Background

Anticholinergic drugs are prescribed for a wide range of conditions, including Parkinson's disease, overactive bladder, chronic obstructive pulmonary disease, nausea and vomiting, depression and psychosis. Long term prescribing of anticholinergics is associated with an increased risk of cognitive impairment, dementia and mortality.

Medication Review



Practices and practice based pharmacists should consider reviewing Patients' anticholinergic burden on an on-going basis as part of any routine medication review. HSCB resources including a review tool and an anticholinergic cognitive burden (ACB) score are available on the Primary Care Intranet.

NICE Dementia Guideline 2018

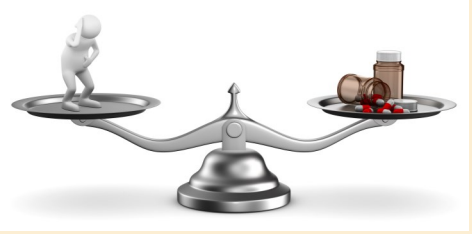
A wide range of commonly used drugs have anticholinergic properties and their effects may accumulate. Recently updated NICE guidance recommends minimising the use of drugs associated with increased anticholinergic burden, and not prescribing anticholinergics with acetylcholinesterase inhibitors.
A validated tool for assessing anticholinergic burden should be used.

Examples of drugs with severe anticholinergic effects

Amitriptyline	Promethazine	Oxybutynin
Diphenhydramine	Quetiapine	Darifenacin
Hyoscine hydrobromide	Tolterodine	Fesoterodine
Olanzapine	Trospium	Solifenacin

The above examples have a score of 3 each (i.e. severe effect). You can use on-line calculators, e.g. http://www.acbcalc.com/, to work out the cumulative ACB score for all medicines that a patient is taking.

Recommendations to Optimise Prescribing and Improve Patient Safety



- Prescribe anticholinergic drugs with caution in older or frail people, or people with complex multimorbidities.
- Minimise the use of anticholinergic drugs where possible.
- With regards bladder antimuscarinics in particular, educate patients to manage their expectations of treatment outcomes, as these may provide modest benefit only, with increased risk of side effects such as: constipation, urinary retention, dry eyes / mouth, sedation, confusion, delirium, falls and reduced cognition.

Antimuscarinics for OAB /UI – Improving Patients' Safety

Urinary Incontinence (UI) is a common problem and its prevalence increases with age. **NICE recommend conservative management as first line treatment.** Bladder antimuscarinics may be prescribed for patients in whom bladder training has not been effective.

Bladder antimuscarinics contribute significantly to the ACB score. They are a good therapeutic area to target when considering ACB, given a lack of data on long term efficacy, and often patients themselves will report side effects.

GP practice survey results

GP practices have been encouraged to review prescribing of antimuscarinics for overactive bladder (OAB) using the HSCB review tool available on the primary care intranet. Practices were asked to complete a short survey with outcomes of this review. TABLE 1 shows the collated results from 22 practices who shared the results of reviews undertaken in their practice.

TABLE 1: Outcomes from returned survey of 22 practices

Total number of patients on anti-muscarinics for OAB	Number of patients considered suitable for 'drug holiday'	% of patients considered suitable for a "drug holiday"	Number of patients who remained off treatment following 'drug holiday'	% of patients who remained off treatment
1175	733	62% (range 40-100%)	391	53% (range 34-71%)

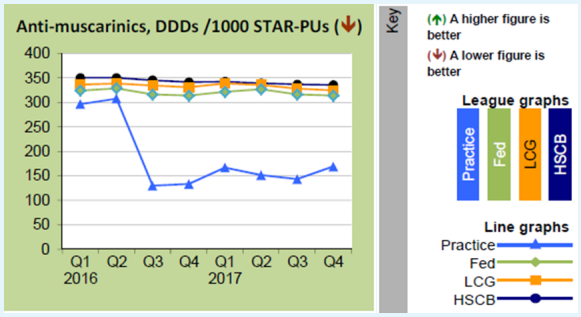
Survey conclusion

Patients were responsive to the trial 'drug holiday' when the rationale was explained. On average, 53% of patients felt that they no longer needed medication to control their symptoms and remained off treatment, which reduced their total anticholinergic burden, risk of side effects and improved patient safety.

Example of a GP practice review

This compass graph shows the impact on prescribing in a practice that completed the review in early 2016, and have maintained a low level of prescribing for the 18 months since.

It is important that new starts are reviewed in order to maintain this level.



Good practice points

- Lifestyle advice should be first line management of UI: refer to a community continence adviser for further assessment, treatment, advice and support.
- Inform patients when UI medication is started that treatment will be reviewed in 3 to 6 months to assess efficacy and continued need.
- Review of bladder antimuscarinics should be part of routine patient medication review.