VALLEY MEDICAL GROUP
Prevention & Medical Care To Help You Live Better, Longer.

Clinical Champion Update

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Deprescribing Update

We all know we should avoid prescribing anticholinergics to elderly patients.

Here's a reminder why:

- Anticholinergics can cause acute confusion, memory impairment, nausea, blurred vision, dry mouth, constipation, and tachycardia.
- In a population study of 6912 elderly adults, those taking anticholinergic drugs were at increased risk for cognitive decline and dementia. Risk decreased with medication discontinuation.
- A 2021 Cochrane review found low-certainty evidence that older adults without cognitive impairment who take medications with anticholinergic effects may be at increased risk of cognitive decline or dementia.
- A case-control study showed use increased risk for pneumonia.

Here's a run-down of anticholinergics by anticholinergic activity (AA) level at typical doses (bold = more commonly used):

Greatest AA: **amitriptyline**, atropine, clozapine, **dicyclomine**, **doxepin**, **L-hyoscyamine**, thioridazine, and tolterodine

Moderate AA: chlorpromazine, **diphenhydramine**, **nortriptyline, olanzapine, oxybutynin,** and **paroxetine**

These commonly prescribed meds have low-levels of AA: **citalopram, escitalopram, fluoxetine**, lithium, **mirtazapine**, **quetiapine, ranitidine**, and **temazepam** had values less than 5 pmol/mL.

The cumulative effects of multiple meds with low AA can produce significant AA effects

These meds have anticholinergic activity only at the highest-tested concentrations (consider watching out for these in patients who take high doses who are frail): Amoxicillin, celecoxib, cephalexin, diazepam, digoxin, diphenoxylate, donepezil, duloxetine, fentanyl, furosemide, hydrocodone, lansoprazole, levofloxacin, metformin, phenytoin, propoxyphene, and topiramate

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Deprescribing Clinical Champions