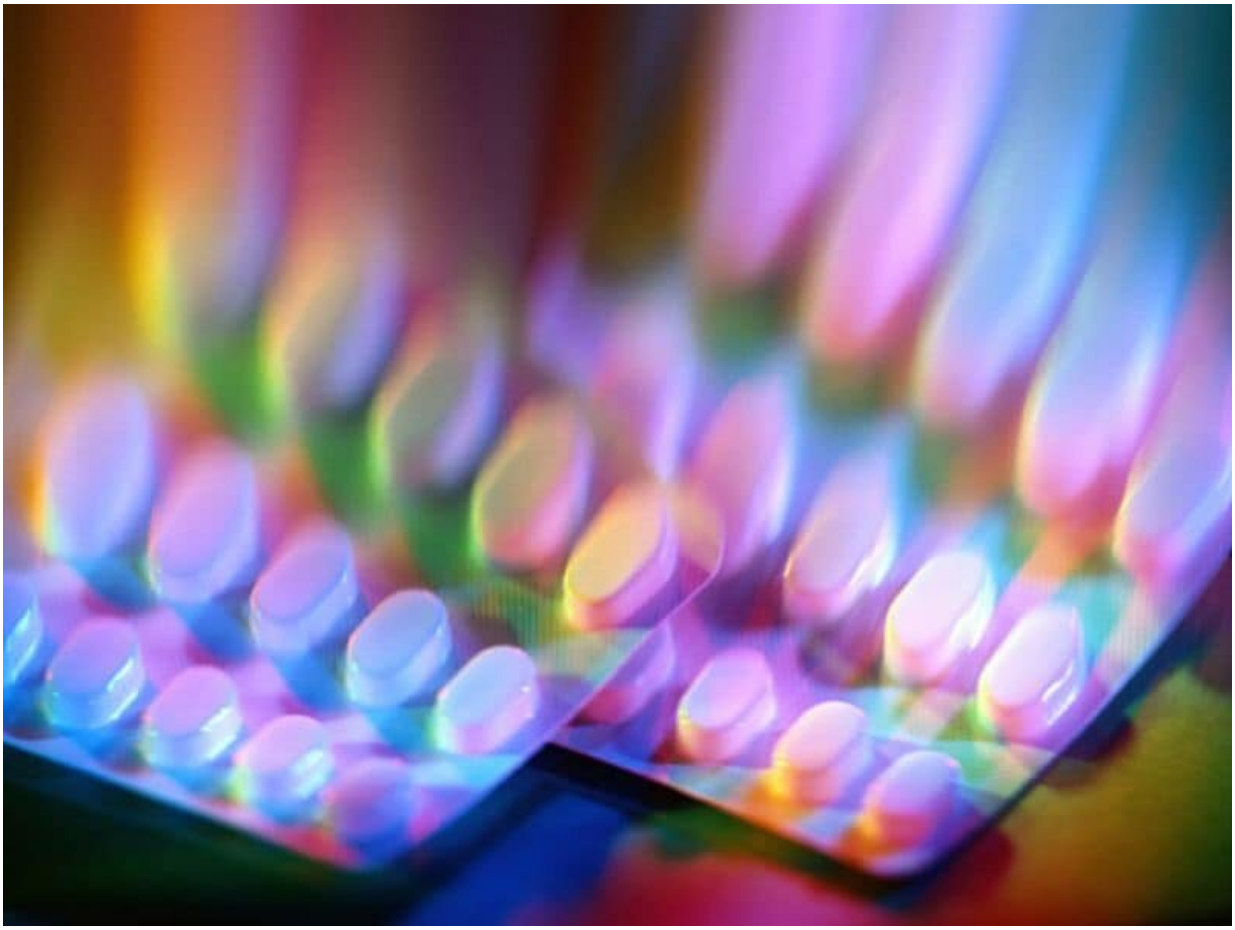
Anticholinergic burden tied to adverse effects in middle age

March 11 2020



Anticholinergic burden (ACB) is associated with adverse outcomes in a

middle- to older-aged population, according to a study published in the March/April issue of the *Annals of Family Medicine*.

Peter Hanlon, from University of Glasgow in the United Kingdom, and colleagues used data from the U.K. Biobank community cohort (502,538 participants; baseline age, 37 to 73 years; median years of follow-up, 6.2 years) to quantify ACB. Biobank data were linked to national mortality register records and hospital episode data.

The researchers found that anticholinergic medication use varied from 8 to 17.6 percent depending on the scale used. ACB was significantly associated with a composite of all-cause mortality and major adverse cardiovascular events (MACE) for each scale. The association with mortality/MACE was most strongly associated with the Anticholinergic Drug Scale (hazard ratio [HR], 1.12 per 1-point increase in score). There were also significant associations between ACB and all secondary outcomes (all-cause mortality, MACE, hospital admission for fall/fracture, and hospital admission with dementia/delirium). The association with dementia/delirium was strongest with the Anticholinergic Effect on Cognition scale (HR, 1.45 per 1-point increase).

"Scale choice influenced the population identified as potentially requiring reduction in ACB in clinical practice or intervention trials," the authors write.

More information: Abstract/Full Text

effects_1.html