

A Review Of The Impact of A Medication Review On Polypharmacy and Anti-Cholinergic Burden In Residential Home Patients

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Introduction:

Older people are more likely to experience adverse effects from polypharmacy due to pharmacokinetic and pharmacodynamic changes associated with age. An average care home resident takes 7.2 medications per day. Polypharmacy and anti-cholinergic burden (ACB) not only increase the risk of adverse drug reactions but also can increase the number of falls, hospital admissions and mortality.

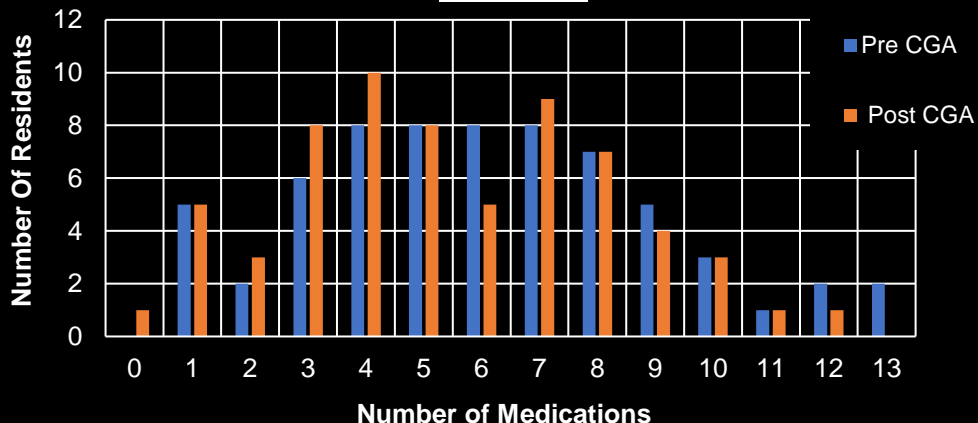
Method:

Retrospective analysis in October 2024 of all patients at a residential home who had an initial Comprehensive Geriatric Assessment (CGA) which included a medication review by the Enhanced Health in Care Home (EHCH) team from March 2022 - September 2024. The number of medications a patient was on alongside their ACB burden was analysed pre and post CGA.

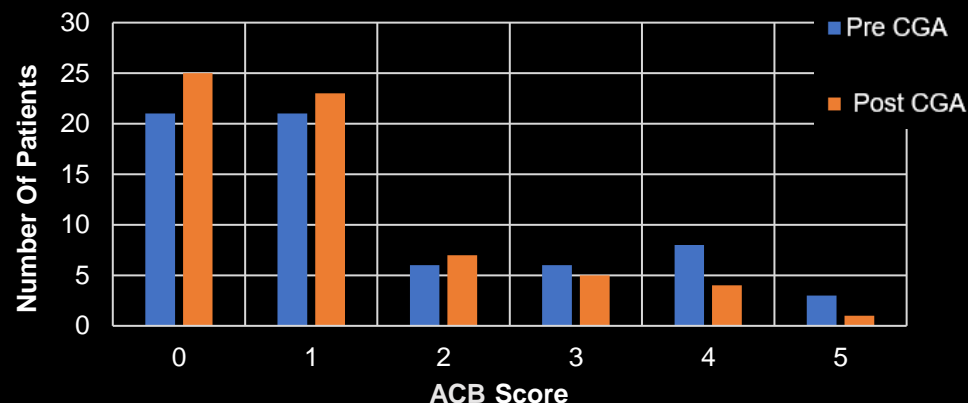
Results:

65 residents had an initial CGA within this time period with an average of 6 medications and ACB score of 2. Post CGA, the average number of medications per resident was reduced to 5 with an ACB score of 1. 68% of patients had polypharmacy (≥ 5 medications) which was reduced to 58% post CGA. 12% had ≥ 10 medications (excessive polypharmacy) prior to CGA and 8% post. Pre CGA, 26% of residents had a high ACB score ≥ 3 which reduced to 15% post. There were 59 medications prescribed overall with an anti-cholinergic score of ≥ 1 which were reduced by 24% following the medication reviews.

A BarChart to Show The Number of Medications Pre and Post Initial CGA



BarChart to Show The ACB Score Pre and Post Initial CGA



Conclusion:

The overall degree of polypharmacy and anti-cholinergic burden in care home residents can be reduced through a medication review as part of a CGA, to ensure residents are only on the appropriate medications and that this is regularly reviewed.