



## A framework to lower anticholinergic burden

Quality use of medicines briefing paper

### What is this briefing paper?

This briefing paper aims to help lower anticholinergic burden in Australia. It aids action by the community, health professionals, organisations and government.

### What is anticholinergic burden?

Acetylcholine is a chemical made in the body. It works in the brain and nerves in the cholinergic (koh-li-nur-jik) system.

Many medicines stop this chemical working properly. They make changes in the body called anticholinergic effects. These changes can help some health problems. For example, they can stop leaking urine (urge incontinence).

Other medicines that work on other systems in the body can also make these changes. Common examples are medicines for allergy, depression, anxiety and sleep problems. These changes are not the main action of these medicines.

Anticholinergic effects can cause problems. They can make people forget things, and feel confused, light headed and wobbly on their feet. Sometimes people fall over and get injured.

Anticholinergic burden is the harm to a person taking these medicines. A person's burden goes up the more of these medicines they take. The higher the burden, the higher the changes of harmful side effects.

Anticholinergic burden is an important health issue in Australia. Around one in three older people take medicines with anticholinergic effects. Many take more than one. Anticholinergic burden raises the chances of going into hospital after a fall by 60%. It also raises the chances of dementia by 50% and death by 30%.

Checking medicines for anticholinergic burden is the first step. A doctor can refer a person to a pharmacist to check their medicines. The pharmacist and doctor may suggest changes to their medicines.

They may ask to stop or lower the amount of medicines. They may also give advice on other ways to help without a medicine. For example, relaxing to help with sleep.

## How to stop problems from anticholinergic burden

Research by NPS MedicineWise and others has found ways to lower anticholinergic burden and its harms.

Examples are:

- ▷ Raising knowledge, skills and training on this problem
- ▷ Changing how health professionals work with each other
- ▷ Supporting people, where they live and work.

In 2021 NPS MedicineWise started a program called *Anticholinergic burden: the unintended consequences for older people*.

The program helps health professionals and people in the community to learn and do more about this problem. The Australian Government Department of Health funds the program.

Many other organisations in Australia are also working on this problem. Examples are the:

- ▷ Consultation papers written by Australian Commission on Safety and Quality in Health Care
- ▷ Goal-directed Medication review Electronic Decision Support System project by the University of Sydney
- ▷ Tools to stop or lower medicines by the New South Wales Therapeutic Advisory Group
- ▷ Training modules by Dementia Training Australia.

## What else can we do?

There is already some work to lower anticholinergic burden in Australia. But we need to do more.

This briefing paper gives examples of actions such as:

- ▷ Raising skills of health professionals to check medicines and lower anticholinergic burden
- ▷ Campaigns to highlight the problem and what to do about it
- ▷ Use of tools in computer systems to help health professionals measure anticholinergic burden and stop problems.