Because so many drugs have anticholinergic properties—and many of these are contained in over-the-counter products—anticholinergics are used by many older adults, including about 1/3 of people with dementia. The elderly are more sensitive to anticholinergic adverse effects, and people with dementia have a high risk of adverse cognitive and psychiatric effects from these drugs. Adverse effects attributed to anticholinergics include sedation, confusion, delirium, constipation, urinary retention, dry mouth, dry eyes, blurred vision, photophobia, tachycardia, decreased sweating, increased body temperature, falls, and others. Some evidence suggests that anticholinergics contribute to behavioral disturbances and psychosis in dementia. The purpose of this reference card is to help clinicians reduce anticholinergic use by vulnerable elders, especially those with cognitive impairment. Tapering may be necessary to prevent withdrawal symptoms when discontinuing potent anticholinergics that have been used chronically. The following lists medications with known anticholinergic effects by therapeutic use. The list is not all-inclusive, but includes many commonly used anticholinergics. Clinicians might want to especially consider the risk benefit balance of tricyclic antidepressants, immediate-release oxybutynin, GI antispasmodics, and sedating antihistamines, as these drugs are not recommended for vulnerable elders if alternative treatments are available.

References

This work was supported by an Agency for Healthcare Research and Quality (AHRQ) Centers for Education and Research on Therapeutics cooperative agreement #5 U18 HSO16094.