

Anticholinergic cognitive burden scale IDs adverse outcomes

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score from 1 to 4 or greater correlated with increased adjusted odds ratios for emergency department visits (1.41 to 2.25), all-cause hospitalizations (1.32 to 1.92), fracture-specific hospitalizations (1.10 to 1.71), and incident dementia (3.13 to 10.01).

"For primary care and geriatrics clinicians, the ACB may be a helpful tool for identifying high-risk populations for interventions," the authors write.

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(HealthDay)—For older adults, the Anticholinergic Cognitive Burden Scale (ACB) shows good dose-response relationships between anticholinergic burden and adverse outcomes, according to a study published in the November/December issue of the *Annals of Family Medicine*.

Wen Han Hsu, from the National Taiwan University in Taipei, and colleagues retrieved data on monthly anticholinergic drug use measured by the Anticholinergic Risk Scale (ARS), the ACB, and the Drug Burden Index - Anticholinergic component (DBI-Ach) for 116,043 people aged 65 years and older. The authors examined the correlation between anticholinergic burden and adverse outcomes during a 10-year follow-up.

The researchers found that the ACB showed the strongest and most consistent dose-response relationships with risks of all four [adverse outcomes](#) compared with ARS and DBI-Ach, especially among those aged 65 to 84 years. For adults aged 65 to 74 years, an increase of ACB

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