

Tackling problematic polypharmacy

## Deprescribing to reduce anticholinergic burden



### The challenge

**An ageing population with multiple co-morbidities presents challenges for elderly patients or carers. They face managing a growing list of medications and potentially problematic polypharmacy, which can increase the risk of drug interactions and adverse drug reactions, the latter being a key factor in avoidable hospital admissions.**

The cumulative anticholinergic burden, prevalent in polypharmacy, is notably associated with falls as well as poorer outcomes, especially in patients over 65 years and those with dementia.

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**“I can sift through high-priority items or those that can wait, giving me a natural to-do list”**

**KATHERINE**  
PHARMACY TECHNICIAN

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### The solutions

A blanket approach to reviewing patients on  $\geq 10$  medicines can be unrealistic, given the demand and capacity of the primary care workforce. Processes that allow the rapid identification of patients who are more likely to experience harm or those on high-risk combinations of medicines can be a more effective way of targeting those who have the most urgent need for intervention.

Structured medication reviews (SMRs) focusing on high-risk patients or scenarios are essential in aligning with the NHS national medicines optimisation priority to reduce problematic polypharmacy and support a safe repeat prescribing process.

They are one of the most effective interventions for mitigating high anticholinergic burden, with studies showing that on average, they reduce the number of medicines patients take by between 2.7% and 9.9%.

SMRs also show promising financial outcomes, averaging a 75% return on investment through direct savings from medication changes, with further significant savings from reduced ADR-related hospital admissions.

Despite the value of SMRs, variability in clinical system searches and capacity from practice to practice means patients can often slip through the net.

We know from speaking to primary care teams that searches can be tricky to create, and patient lists can quickly become out of date, making it harder for a team or several practices across a PCN to collaborate effectively.

“I like the range of filters available within AnalyseRx – we can identify patients most in need by ensuring that the opportunities and filters are set to surface those who have multiple, outstanding checks and are not meeting their therapeutic treatment targets. This means that we’re **focusing limited resources on high-priority patients.**”

KATHYRN, PRACTICE & PCN PHARMACIST

### How can AnalyseRx help?

**AnalyseRx is designed to support primary care teams manage patient medication needs over time accurately and safely. The first solution of its kind, AnalyseRx helps proactively identify and easily action medicines optimisation opportunities across a patient population.**

Using AnalyseRx, clinicians can facilitate deprescribing by easily identifying patients across a population in need of medication reviews, before actioning next steps. Instead of building complex clinical system searches and spending hours refining reports or using calculators to identify medications which may be contributing to a high anticholinergic burden AnalyseRx will automatically surface relevant information for you.

Our in-built algorithm will present two separate cohorts of patients – those with a total anticholinergic score of  $\geq 6$ , one with patients 65 years and over and the other with increased vulnerabilities such as dementia, frailty or a history of falls.

You can also prioritise patients even further by adding filters such as:

- Age
- Drug Count
- Last medication review / SMR
- Frailty
- Total cumulative anticholinergic burden score per patient

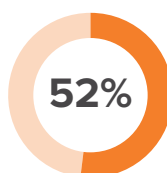
With a targeted list of patients in most urgent need of review, you and your team benefit from a clear to-do list and can begin actioning next steps for medicines optimisation.

What’s more, AnalyseRx refreshes daily, so you can rest assured that you’re working with up-to-date patient information at every stage.

### Results with AnalyseRx

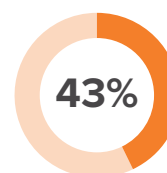
We sampled 538 patients who received a medication review across 76 practices within a single Integrated Care Board from Oct 2023 to Sep 2024

**147** Patients had at least one medication de-prescribed



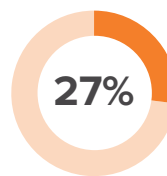
**With dementia, frailty or a history of falls**

Patients who had at least one medication de-prescribed had been identified with either dementia, moderate to severe frailty or a history of falls.



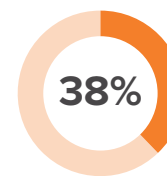
**Aged 80 or older**

A notable finding as the likelihood of falls increases from 33% in those aged 65 or older to 50% in those aged 80 or older.



**Opioid prescription stopped**

Of the 1,700 preventable deaths caused by medicines in England annually, 22% involved Opioids.



**Antidepressant prescription stopped**

Of the 1,700 preventable deaths caused by medicines in England annually, 9.7% involved antidepressants.

**LEARN  
MORE**

Email us to find out how AnalyseRx can support your team in tackling problematic polypharmacy and other National Medicines Optimisation Opportunities → [contact@fdbhealth.com](mailto:contact@fdbhealth.com)

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