Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults

At Wellcare By Health Net (Health Net*), we value everything you do to deliver quality care to our members — your patients. We appreciate your commitment to their positive health care experience.

POLY-ACH measure

The POLY-ACH measure in the Centers for Medicare & Medicaid Services Star Ratings uses concurrent use of two or more anticholinergic medications for a significant period to evaluate health plans.

Quality measure	Description
Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)	Percentage of patients ages 65 or older with concurrent use of two or more unique anticholinergic medications for 30 cumulative days.
POLY-ACH Exclusions	Patients enrolled in hospice.
Who qualifies for the measure?	Patients, ages 65 and older, with at least two prescription claims for the same anticholinergic medication with different dates of service.
Who is considered to be non-compliant with the measure?	Patients who have at least two prescription claims of at least two unique anticholinergic medications with 30 days of overlapping use.

Action

We have listed applicable therapeutic categories and anticholinergic medications on the next page for easy reference. **Please consider avoiding initial use of multiple anticholinergic medications in the elderly and discontinue medications, as appropriate.**

*Note: This is **not** an all-inclusive list.*

Tips for success

- **Monitor progress/follow-up** with each appointment and taper down if taken long-term or high dose.
- **Limit prescriptions** on an as-needed indication (no refills, etc.).

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Category	Medications	Recommended alternatives
Antihistamines	Brompheniramine, Doxylamine, Hydroxyzine	**For allergies:** • Intranasal steroids: fluticasone 50 mcg spray, flunisolide 0.025% spray • Second generation antihistamines: levocetirizine 5 mg tab, desloratadine 5 mg tab • Eye antihistamines: azelastine 0.05% drops, cromolyn 4% drops • Nasal antihistamines: ipratropium 21 mcg and 42 mcg nasal spray and azelastine 137 mcg nasal spray • Intranasal saline: Ocean® nasal spray (over-the-counter (OTC)) **For sleep aid:** melatonin, sleep hygiene strategies • Non-BEERS list sleep medications (doxepin 3 mg and 6 mg tab, Belsomra®) **For anxiety:** Selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI), buspirone, mirtazapine, bupropion, non-pharmacologic treatment
Antiemetics	Prochlorperazine, Promethazine	Serotonin 5-HT3 receptor antagonists (e.g., ondansetron)
Antidepressants	Paroxetine, Amitriptyline, Nortriptyline	SSRIs and SRNIs (e.g., escitalopram, fluoxetine, sertraline, venlafaxine ER), mirtazapine, and bupropion **If for neuropathic pain:** duloxetine
Antiparkinsonian agents	Benztropine, Trihexyphenidyl	Amantadine, carbidopa/levodopa, pramipexole, ropinirole
Antispasmodic agents	Dicyclomine, Diphenoxylate/ Atropine, Scopolamine	**Constipation:** lactulose oral solution, polyethylene glycol powder (OTC) **Diarrhea:** loperamide
Skeletal muscle relaxants	Cyclobenzaprine, Orphenadrine	**Formulary muscle relaxants:** baclofen 10 mg and 20 mg tab, tizanidine tablet **For pain:** Tylenol® [acetaminophen] (OTC), Aleve® [naproxen] (OTC) + proton pump inhibitor (PPI) (for gastroprotection) **Non-pharmacologic treatment:** physical therapy, heat, stretching
Antipsychotics	Chlorpromazine, Clozapine, Olanzapine	**General recommendation:** avoid antipsychotics for dementia or delirium unless there's a severe risk; try non-medication options first. • Safer medications with some evidence include SSRIs (e.g., citalopram, sertraline) or anticonvulsants (e.g., carbamazepine) • When antipsychotic use is unavoidable, use agents such as quetiapine and risperidone at the lowest effective dose and regularly reassess the need for continuation
Antimuscarinics	Oxybutynin, Darifenacin, Trospium	**Non-pharmacologic:** bladder training, pelvic floor exercises

(continued)

Rationale

These recommendations are based on the American Geriatrics Society (AGS) Beers Criteria® list of potentially inappropriate or unsafe medications best avoided by older adults ages 65 and up. The list, updated by the AGS every three years, serves to help reduce adverse effects and improve patient safety.

2023 AGS Beers Criteria for potentially clinically important medication interactions that should be avoided in older adults ages 65 and up

Medication class	Interacting medication class	Risk rationale
Anticholinergic	**Anticholinergic**	Use of more than one medication with anticholinergic properties increases risk of side effects such as dry mouth/eyes, impaired cognition, urinary retention, sedation, delirium and risk of falls leading to fractures.

We recognize that you are best qualified to evaluate the potential risks versus benefits in choosing the most appropriate medications for your patients.

Reference
Alternative Treatments to Selected Medications in the 2023 AGS Beers Criteria
https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.19500