What is the UnifiedACB Tool?

A free medication evidence guide that compares named anticholinergic burden ratings and shows what still needs verification. A separate 0–10 pharmacology model remains research work.

At a glance

557 searchable drug records • 200 reviewed in depth • 39 KABS/CALS disagreements in that cohort • 20 historical, regimen-qualified model examples

Why I started it

Published anticholinergic scales can disagree about the same drug. Ingredient lists also leave questions about dose, route, formulation, and pharmacology. I started UnifiedACB to make those sources easier to compare and trace, and to study whether a separate exposure-and-affinity model could eventually add useful context. Clinical validation is still open.

Who may find it useful

Pharmacists and clinicians can prepare a medication discussion and check source provenance. Researchers can inspect disagreements and evidence gaps. Patients and caregivers can frame questions for a qualified professional. The tool does not prescribe treatment or estimate a particular person’s risk.

What the website does today

- Searches 557 generic medication records and displays named publication-specific categories side by side.
- Shows disagreements rather than forcing a consensus; a missing rating is never treated as zero.
- Identifies formulation, source, and model-input gaps; exports summary and detailed evidence reports.
- Accepts source-backed corrections and project feedback without requiring an account.

Reading a category

ACB = Anticholinergic Cognitive Burden; ARS = Anticholinergic Risk Scale; ADS = Anticholinergic Drug Scale; KABS = Korean Anticholinergic Burden Scale; CALS = CRIDECO Anticholinergic Load Scale. Their 0–3 ratings belong to their respective publications. A published category is not an individual probability of cognitive harm.

The separate 0–10 research model

The archived equation is U = 10R / (1 + R), where R compares unbound plasma exposure with a named receptor-affinity measurement for a stated regimen. A valid result requires compatible dose, route, formulation, free fraction, assay, exposure, and active-moiety evidence. Eighteen historical examples use rat-brain IC50 inputs; two involve human M1 inputs. They are not interchangeable measurements or validated whole-drug scores.

UnifiedACB Score: not assigned

When the evidence does not justify a complete medication-list calculation, no total is shown. This is neither zero nor a low-risk band. Published categories are not summed or converted into the 0–10 model.

What remains research work

- Check imported values against original sources and review publication reuse rights.
- Resolve flagged assay, active-metabolite, dose, route, and formulation questions.
- Test whether the model predicts meaningful outcomes before proposing clinical thresholds.

Independent project and AI use

Created by Maher Chaar, PharmD, as a personal research and education effort, without organizational endorsement. AI tools were used extensively in evidence organization, analysis, writing, and website development. They can introduce wrong matches, sources, calculations, or wording. Independently verify results and use clinical judgment.

Profiles: linkedin.com/in/maherchaar | researchgate.net/profile/Maher-Chaar

Privacy and use

The site is not designed or represented as HIPAA compliant. Do not enter patient identifiers or protected health information in searches, lists, reports, or feedback. Information is educational, may be incomplete or inaccurate, and is not medical advice. Do not start, stop, or change a medicine based only on this tool.

Selected method sources

ACB: Indiana University resource; ARS: Rudolph et al. (2008), PMID 18332297; ADS: Carnahan et al. (2006), PMID 17101747; KABS: Jun et al. (2019), DOI 10.1111/ggi.13680; CALS: Ramos et al. (2022), PMCID PMC8876932. Drug records link value-level sources where available; verification status varies.

UnifiedACB.com | Website release: v1.0. Evidence reviewed September 2026. The underlying source master retains its v0.14.0 research identifier.