



Geriatrics • Educational evidence summary

Anticholinergic burden and heat intolerance

This geriatric evidence summary examines anticholinergic burden and heat intolerance.

UnifiedACB • Published October 3, 2026 • Updated October 4, 2026

[Read the current article](#)

<https://unifiedacb.com/articles/027-anticholinergic-burden-and-heat-intolerance/>

Think about the next hot day in concrete terms

A heat discussion is more useful when it starts with the person's circumstances: where they spend the day, whether the space can be cooled, who can help and which medicines they actually use. A source-scale category cannot answer those questions, yet they determine how medication evidence should be interpreted.

The [CDC clinician guidance](#) identifies anticholinergic agents among medicines that may increase heat-related risk and discusses several mechanisms by which medicines and heat can interact. The concern is broader than a single badge or an outdoor activity. A practical plan connects the evidence to the environment and the person's ability to respond.

Understand the relevant mechanism without generalizing every drug

Reduced sweating can impair heat loss. Some medication labels specifically warn about heat-related illness in high environmental temperatures; the [oxybutynin extended-release label](#) provides a product-specific example. That warning should retain its source rather than being copied as if identical evidence exists for every medication.

Other medicines may affect heat tolerance through different pathways. The [CDC guidance](#) therefore reviews more than anticholinergic exposure. A low anticholinergic category does not establish that an entire regimen has no heat-related concerns.

Check the actual exposure pattern

Include nonprescription allergy or nighttime products and medicines taken only as needed. Determine whether use changes during hot weather or travel. The presence of an order does not prove a dose was taken, while a product absent from the prescription list may still be part of the routine.



Record formulation and route when relevant. A patch, tablet and local preparation should not be treated as the same product merely because the ingredient name matches. Product storage instructions can also matter, but they need to come from the actual label rather than a burden score.

Identify the practical constraints

A plan should consider access to cooling, transportation, communication and assistance. Someone who cannot easily move to a cooler place faces a different problem from someone with ready access to a cooled room. A person living alone may need a different communication arrangement from someone with continuous support.

These questions are not a new clinical risk model. They make the discussion concrete enough that a clinician can help plan for foreseeable conditions. The source classification remains one input rather than the entire assessment.

Keep medication and fluid decisions with the clinical plan

The [CDC guidance](#) encourages individualized medication planning. It does not support stopping all potentially relevant medicines automatically when the weather is hot. An abrupt change may interfere with treatment, and a general fluid recommendation may be inappropriate for someone with a condition that requires a specific plan.

A useful discussion identifies who to contact, which symptoms should trigger evaluation and whether any medicine-specific instructions are needed. The plan should be agreed with the treating team and based on the actual regimen. The website should not invent holding parameters from an ordinal score.

Use UnifiedACB to prepare focused questions

The [public source table](#) can identify the available classifications and any route or formulation limitations. Ask can help explain why a particular medication deserves attention and which supplemental source contains a relevant qualification. It should not calculate a “safe” temperature or predict how much sweating an individual will retain.

Good questions are specific: does the product label discuss heat, is the actual route represented, and which other medications should the clinician review? If the answer depends on a missing product detail, clarify that detail rather than offering a generic warning for the entire class.

The same outdoor forecast can correspond to different personal exposure durations and indoor conditions. Those differences are another reason a source-scale category cannot supply a universal temperature cutoff or a fixed medication instruction for everyone taking the same ingredient.

A brief planning checklist

- Confirm the medication and nonprescription-product list before the hot-weather discussion.
- Identify the place available for cooling and any barriers to reaching it.



- Agree on a contact and symptom-response plan with the treating team.
- Keep any fluid or medication instructions individualized and documented.
- Revisit the plan when the regimen, living situation or ability to obtain help changes.

The limitation to remember

Heat illness cannot be ruled out by a low burden category, and a high category does not predict exactly when illness will occur. The value of the review is preparedness: understanding a plausible medication contribution, recognizing the limits of the score and arranging a practical response before heat exposure becomes a problem.

References

1. American Geriatrics Society 2023 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc.* 2023;71:2052-2081. [Source](#)
2. Vennard O, Stewart C, Tolia M, Soiza RL, Myint PK. Anticholinergic Medication Burden Scales: A Systematic Review. *J Am Geriatr Soc.* 2026;74(6):1771-1784. [Source](#)
3. American Geriatrics Society Beers Criteria Alternatives Panel. Alternative Treatments to Selected Medications in the 2023 AGS Beers Criteria. *J Am Geriatr Soc.* 2025;73:2657-2677. [Source](#)
4. Fox C, et al. Effect of medications with anti-cholinergic properties on cognitive function, delirium, physical function and mortality: a systematic review. *Age Ageing.* 2014;43:604-615. [Source](#)
5. Ruxton K, Woodman RJ, Mangoni AA. Drugs with anticholinergic effects and cognitive impairment, falls and all-cause mortality in older adults: a systematic review and meta-analysis. *Br J Clin Pharmacol.* 2015;80(2):209-220. doi:10.1111/bcp.12617. [Source](#)
6. Egberts A, et al. Anticholinergic Drug Burden and Delirium: A Systematic Review. *J Am Med Dir Assoc.* 2021;22:65-73.e4. [Source](#)
7. Centers for Disease Control and Prevention. Heat and Medications: Guidance for Clinicians. Official clinical guidance. [Source](#)
8. DailyMed. Oxybutynin chloride extended-release tablets. Official prescribing information; set ID 7d2332b4-9e48-4bb2-a2c3-75e16e1d455b. [Source](#)
9. UnifiedACB. Preserved public source-observation dataset, v3.0 RC12 final; inspected for this editorial revision. [Source](#)

Explore the evidence

[Ask UnifiedACB](#) about a medication or source, browse the [Medication Library](#), or read the [methodology](#).

Disclosure

Funding: None. Conflict of interest: None declared for the UnifiedACB educational project.

Educational evidence summary. This content does not provide patient-specific medical advice and does not replace clinical judgment, medication reconciliation, or prescribing guidance.