



Geriatrics • Educational evidence summary

Medication reconciliation and anticholinergic burden

This geriatric evidence summary examines medication reconciliation and anticholinergic burden.

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The input problem comes before the scoring problem

An anticholinergic review can use the correct scale and still be wrong if the medication list is inaccurate. A discontinued medicine may remain active in a chart, a nonprescription product may be missing, or a brand and generic entry may describe the same ingredient. Source fidelity cannot compensate for an incorrect exposure history.

The [AHRQ medication-reconciliation toolkit](#) provides the broader workflow context. This guide focuses on the information needed to connect a reconciled list with UnifiedACB's source observations. It is a process for clarifying evidence inputs, not an instruction to change treatment.

Collect the details that change the interpretation

For each product, identify the active ingredient or ingredients, strength, formulation, route and schedule. Record the indication and whether the person is actually using it. A list containing only brand names and "as directed" may not provide enough detail for a source-specific interpretation.

Separate three facts when possible: what was prescribed, what was supplied and what was taken. They can differ without anyone deliberately doing something wrong. A patient may have received a new instruction that has not reached every record, or a medicine may be available for occasional use without being taken regularly.

For as-needed treatment, describe actual recent use rather than assuming either the maximum permitted amount or no exposure. The appropriate period depends on the review question. A recent symptom and a long-term exposure analysis do not require identical histories.

Resolve duplicate-looking entries carefully

Two entries may be duplicates, different formulations or intentionally distinct components of a regimen. Confirm the relationship before removing one from the review. Brand and generic names can describe the same ingredient, while similar names can describe different medicines.



Combination products require particular care. The full ingredient list may reveal an exposure that is not obvious from the product name. Conversely, a published score for a named combination should not be split into invented component values unless the source defines that interpretation.

UnifiedACB's [public records](#) retain preferred medication names, aliases and original source labels. Those fields help with retrieval, but a lexical match does not settle every product-equivalence question. The intended product must still be established.

Keep route and formulation attached during matching

A reconciliation process should not lose qualifiers when it converts a familiar product name into a generic label. Route and formulation can determine whether a source statement applies. An oral-use criterion should not silently become a whole-drug statement, and a local preparation should not inherit a systemic claim without evidence.

When a historical source lacks that detail, record the limitation. Do not complete the field by assuming the most common route. The resulting comparison can still be useful if it is described accurately as an ingredient-level or source-limited assessment.

Mark what remains unresolved

Conflicting instructions, uncertain use and incomplete product identification are not numerical zeros. They are questions to resolve with the person, pharmacy or responsible clinician as appropriate. A transparent list records the uncertainty and its source rather than hiding it inside a calculated result.

Source coverage is a separate uncertainty. A fully reconciled medicine may have no verified public observation in a requested scale. The [dataset's explicit evidence states](#) make it possible to distinguish that gap from a published zero. Medication-history uncertainty and source-data missingness should not be collapsed into one label.

Attach the evidence after reconciliation

Once the ingredient and use are clear, retain the source name, version, value and locator for each applicable observation. If several sources differ, display them separately. If a source has no row, report that boundary. Do not borrow another scale's value to make the assessment appear complete.

Supplemental [geriatric criteria](#) can then be considered in their clinical context. They may require an indication, total daily dose or condition that is not captured by the source-scale entry. The reconciled history provides the information needed to ask the right clarification.

Finish with a reviewable record

A useful result identifies the reconciled list, the date or exposure period, unresolved questions and the exact source method used. If another clinician reads it later, they should be able to distinguish a change in medication use from a change in source version or documentation.



The value of reconciliation is not that it guarantees a correct treatment decision. It makes the exposure evidence trustworthy enough to support one. Accurate inputs, visible uncertainty and retained provenance allow the clinical review to focus on the person's symptoms, benefits and goals.

References

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Explore the evidence

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

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