



Geriatrics • Educational evidence summary

Anticholinergic burden in home-based care

This geriatric evidence summary examines anticholinergic burden in home-based care.

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

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The medicine cabinet and the chart can tell different stories

A clinical record may list the intended regimen, while the household routine reflects what is actually available and taken. Older packages, combination products and medicines used only at night or during symptoms may be difficult to reconstruct from the chart alone. A home-based review can clarify those differences before anticholinergic evidence is interpreted.

This is an exposure-history task, not a reason to make unsupervised medication changes. The [AHRO reconciliation principles](#) emphasize accurate medication information. The treating team remains responsible for resolving conflicting instructions and deciding whether treatment should change.

Start with products in use

Identify the active ingredients on each current product and distinguish them from old or unused supplies. Record strength, formulation, route, schedule and actual recent use. A familiar brand name may not make every ingredient obvious, particularly in combination nighttime or symptom-relief products.

Do not assume that two containers represent two different medications or that similar packaging means identical products. A brand and generic label may describe the same ingredient, while a reformulated product may differ. The relationship needs clarification before a source score is attached.

For occasional use, ask what was taken during the period relevant to the concern. A recent symptom review may need a different time window from a general assessment of the stable regimen. Record uncertainty rather than assuming the maximum or minimum possible exposure.

Learn the routine without turning it into a judgment

Ask how medicines fit into meals, sleep, work, assistance and daily tasks. A schedule that seems simple on paper may be difficult in practice. The aim is to understand use accurately and identify questions the clinician or pharmacist can help resolve.



The person may also have a clear reason for choosing a nonprescription product, such as a symptom that is otherwise difficult to manage. That reason is part of the treatment discussion. Identifying an anticholinergic ingredient does not eliminate the need to address the symptom that led to its use.

Care partners can contribute observations, but their account should be distinguished from the person's own report and from documented administration. When information conflicts, keep the uncertainty visible until it is resolved.

Match the evidence to the actual product

UnifiedACB's [preferred names and source labels](#) can help locate the relevant ingredient. Read route and formulation notes before assuming that the historical scale entry describes the exact household product. A source that lacks detail remains limited even when the package is well identified.

The medication profile may show several source values or a missing entry in a requested scale. Neither disagreement nor missingness should be hidden to produce a cleaner household summary. The report should retain the source version and distinguish explicit zero from no verified public observation.

Connect the review to what is happening at home

The concern may involve dry mouth during meals, difficulty with a routine task, a new bowel pattern or another symptom. Describe the timing and impact directly. The [NIDCR dry-mouth guidance](#), for example, emphasizes that persistent symptoms deserve assessment; a burden number cannot substitute for that evaluation.

Environmental and support factors can matter too. For a heat-related question, the [CDC medication-and-heat guidance](#) supports an individualized plan. Access to cooling and assistance should be discussed alongside the actual medication list, rather than assuming the score predicts how someone will cope at home.

Prepare a concise clinical handoff

Bring one reconciled candidate list, the unresolved discrepancies and the specific concern to the clinician or pharmacist. Explain which products are actually used, which instructions conflict and what outcome matters to the person. This is more useful than sending a collection of scores without the exposure history.

If a clinician changes care, clarify the updated instructions and the follow-up question. The person and care partner should know which regimen is intended and whom to contact if the plan is unclear. A category change alone does not establish symptom improvement.

What a successful review accomplishes

A successful home-based review makes the medication history more accurate and the next clinical question more specific. It may reveal an omitted ingredient, an outdated instruction or a practical



barrier that no source table could show. The directory then contributes what it is designed to provide: traceable medication evidence, with its limits preserved.

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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.