

**Psychiatry · Educational evidence summary**

Anticholinergic burden in outpatient psychiatry

This psychiatry article focuses on anticholinergic burden in outpatient psychiatry.

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

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The interval between appointments is part of the medication history

An outpatient regimen can change between psychiatric visits: another clinician may prescribe a medicine, an occasional product may become regular, or a discontinued prescription may remain in the record. A useful anticholinergic review asks what happened during that interval rather than assuming the last documented list is still accurate.

The purpose is a continuing, understandable record. This guide does not assign a target burden or recommend changing an effective regimen solely to improve a category. It shows how the evidence map can support a review that remains connected to the person's current use and goals.

Ask about changes in ordinary language

Begin with what the person is taking now and what has changed since the previous visit. Include medicines for other conditions and products obtained without a prescription. Use the exact product information where possible, especially when a familiar brand name could conceal more than one ingredient or preparation.

Record how often occasional medicines are actually used. An instruction allowing use does not establish the frequency. If the person is unsure, preserve that uncertainty and identify a practical way to clarify it. The goal is not to make the record appear complete by inserting an assumed schedule.

Keep benefit in the same conversation as burden

Ask what each psychiatric medicine is helping and which unwanted experiences matter to the person. The benefit record provides context for any concern identified in the source table. Without it, a later reviewer may see a classified contributor without understanding why the clinical team retained it.



NICE's psychosis guidance includes discussion of tolerability and documentation of treatment decisions. [NICE CG178](#) The directory contributes one set of evidence to that process. It cannot infer whether a previous alternative was ineffective or whether a change would be acceptable to the person receiving care.

Reconcile identities before comparing visits

A product appearing under a new name may be a genuine treatment change or simply a different label for the same ingredient. Conversely, a similar name may represent another formulation or a combination product. Confirm the relationship rather than count every label as new exposure or merge them automatically.

When the record is corrected, note that the change was in documentation. If the underlying treatment did not change, a different burden summary should not be presented as evidence that pharmacologic exposure was reduced. This distinction is essential for meaningful longitudinal review.

Read the source versions consistently

If comparing source-specific observations over time, keep the same source version or explain why it changed. A revised source may classify or cover medicines differently. That can change the summary even when the person's regimen is identical.

UnifiedACB keeps values with their provenance and preserves absent observations as absent. A follow-up note should do the same. Copying a total without the contributor rows or source name makes it difficult to determine whether a later difference reflects clinical change, a source update, or a data-entry correction.

Let the current concern guide the depth of review

Not every visit requires the same detailed question set. If the concern is new daytime difficulty, the timing of actual medicine use may be central. If a qualified geriatric criterion is being discussed, route or dose may be decisive. If the concern is an old adjunct, its current indication may be the unresolved issue.

Choose the clarification that changes interpretation. A long questionnaire can collect information without resolving the actual question. A concise, well-targeted inquiry can identify the next useful step while preserving the rest of the care discussion.

Record decisions in a way that survives the next visit

Distinguish a decision to continue treatment, a completed change, and an option still under consideration. Include the reason and the outcome to be followed. If another prescriber needs to clarify a medicine, identify that task rather than assume the issue has been resolved.



The follow-up outcome should match the concern. A lower source total is not a substitute for asking whether the person's problem improved or whether treatment benefit was maintained. The medication evidence and the clinical outcome should remain separate, linked observations.

Limits of a longitudinal source summary

Outpatient records can be incomplete, and recalled use may be uncertain. A carefully maintained source summary does not eliminate those limitations or establish causality. Its value is that changes become traceable: what the person used, what the sources reported, what the team decided, and what was observed afterward.

References

1. Georgiou R, et al. Anticholinergic Burden and Cognitive Performance in Patients With Schizophrenia: A Systematic Literature Review. *Front Psychiatry*. 2021;12:779607. [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. Mancini V, et al. Anticholinergic Burden and Cognitive Function in Psychosis: A Systematic Review and Meta-Analysis. *Am J Psychiatry*. 2025;182:349-359. [Source](#)
4. National Institute for Health and Care Excellence. Psychosis and schizophrenia in adults: prevention and management. CG178. Recommendations. [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.