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**Psychiatry · Educational evidence summary**

# When a psychiatric medication is absent from one anticholinergic scale

This psychiatry article focuses on when a psychiatric medication is absent from one anticholinergic scale.

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

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## A blank cell is a finding about the source

An absent medication entry can be frustrating when the medicine is familiar or clearly relevant to a clinical discussion. The gap still needs to be represented honestly. These questions explain how to interpret an absent psychiatric medication without converting incomplete source coverage into a claim about the drug's safety or pharmacology.

## Does “not listed” mean the source assigned zero?

No. A published zero requires a source observation with that value. An absent entry means that the selected public source representation does not provide the observation. The two states have different evidentiary content and should remain different in the display and in any research dataset.

Treating absence as zero can make a regimen look more completely evaluated than it is. It can also change comparisons between scales because one method's missing coverage becomes another method's apparent negative finding.

## Why might a familiar medicine be missing?

Possible explanations include a source's scope, publication date, ingredient labeling, the particular table being used, incomplete public redistribution rights, or a documented source anomaly. These are possibilities to investigate, not explanations that should be assigned automatically to every blank cell.

Start with the actual source record and its notes. If the reason is not documented, say that the public observation is unavailable and the reason has not been established. A plausible story is not a substitute for provenance.



## Is there a verified psychiatric example in UnifiedACB?

Yes. The public dataset records that doxepin is omitted from the KABS 2020 open medication-list supplement despite that document's antidepressant category count. UnifiedACB preserves the omission and does not infer a supplement value from the count. [UnifiedACB public evidence dataset, v3.0 RC12 final](#)

This example concerns that specific source representation. It does not erase observations published by other sources, establish an absence of anticholinergic effects, or permit a value from another publication to be relabeled as the missing supplement row.

## Can I copy a value from another scale to fill the gap?

You can report the other scale's observation under its own name and version. You cannot present it as though the first scale published it. That substitution would create a false provenance record and blur the methodological differences between sources.

An evidence summary can therefore say that one source reports a value while another has no public entry. This is more useful than a completed-looking table whose cells no longer mean what their column headings claim.

## Should the medication be removed from a comparison?

The medication should remain visible as part of the clinical list. For a specific research analysis, the rule for including incomplete observations must be defined and reported. A pairwise comparison of available source values has a different denominator from a review of the full regimen.

Do not allow a hidden exclusion to imply that the medicine contributes nothing. The reader should be able to see how many items were actually classifiable and which ones lacked evidence in the selected source.

## Could this be an identity problem rather than a true omission?

Yes, and identity should be checked before concluding that the source lacks the medicine. Inspect aliases, source spelling, combinations, route, and formulation. A search suggestion is a candidate match, not final confirmation that the observation applies to the product being reviewed.

If identity remains uncertain, preserve that uncertainty. Merging two different medicines to eliminate a blank would create a more serious error than leaving the source gap visible.

## What should an Ask response say?

It should name the medication and selected source, state that the public observation is absent, and show any documented explanation. It may then point to other source-specific evidence while preserving the distinction. It should not invent a zero, an average, or a blanket reassurance.



If a qualifier would materially change the lookup, a focused clarification may be useful. Otherwise, the answer should acknowledge the coverage limit directly rather than burden the user with questions that cannot supply a missing published row.

## What remains uncertain?

Absence cannot quantify the medicine's anticholinergic activity, individual adverse-effect risk, or appropriateness for a patient. The correct endpoint is a transparent account of available and unavailable evidence. That is sufficient to guide a better source review even when it cannot complete every numeric cell.

## References

1. 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](#)
2. Georgiou R, et al. Anticholinergic Burden and Cognitive Performance in Patients With Schizophrenia: A Systematic Literature Review. *Front Psychiatry.* 2021;12:779607. [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. UnifiedACB. Public evidence dataset. v3.0 RC12 final. Read-only source observations, source registry, and preserved anomaly records. [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.*