Reducing Anticholinergic burden in Tier 3 care home

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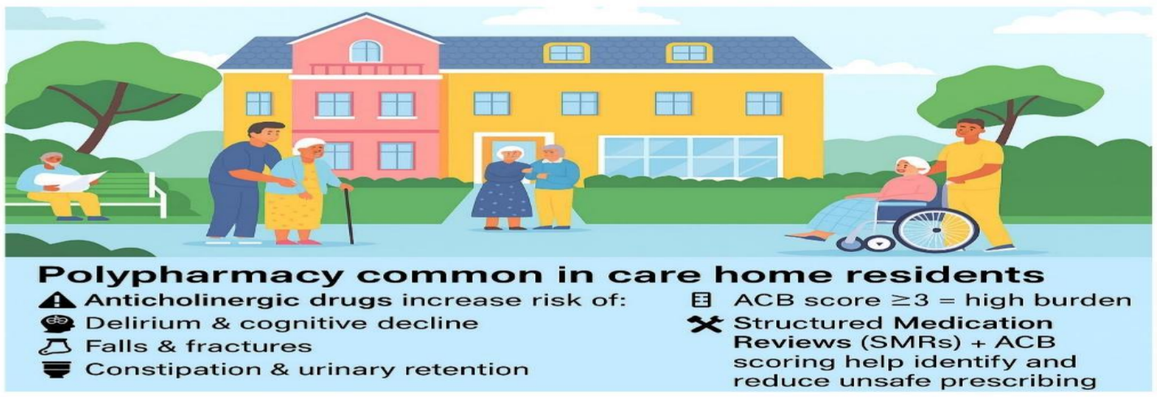
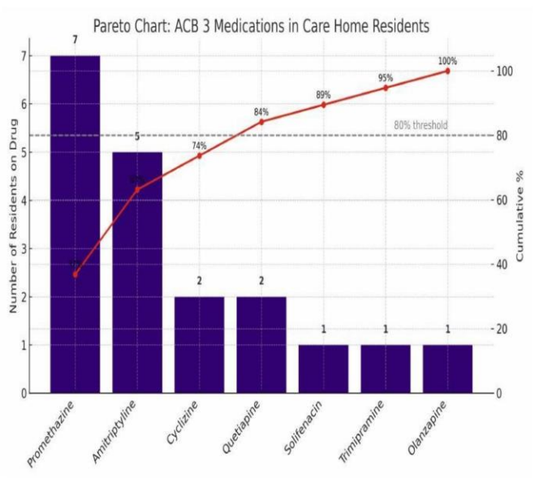
1 Background to the project

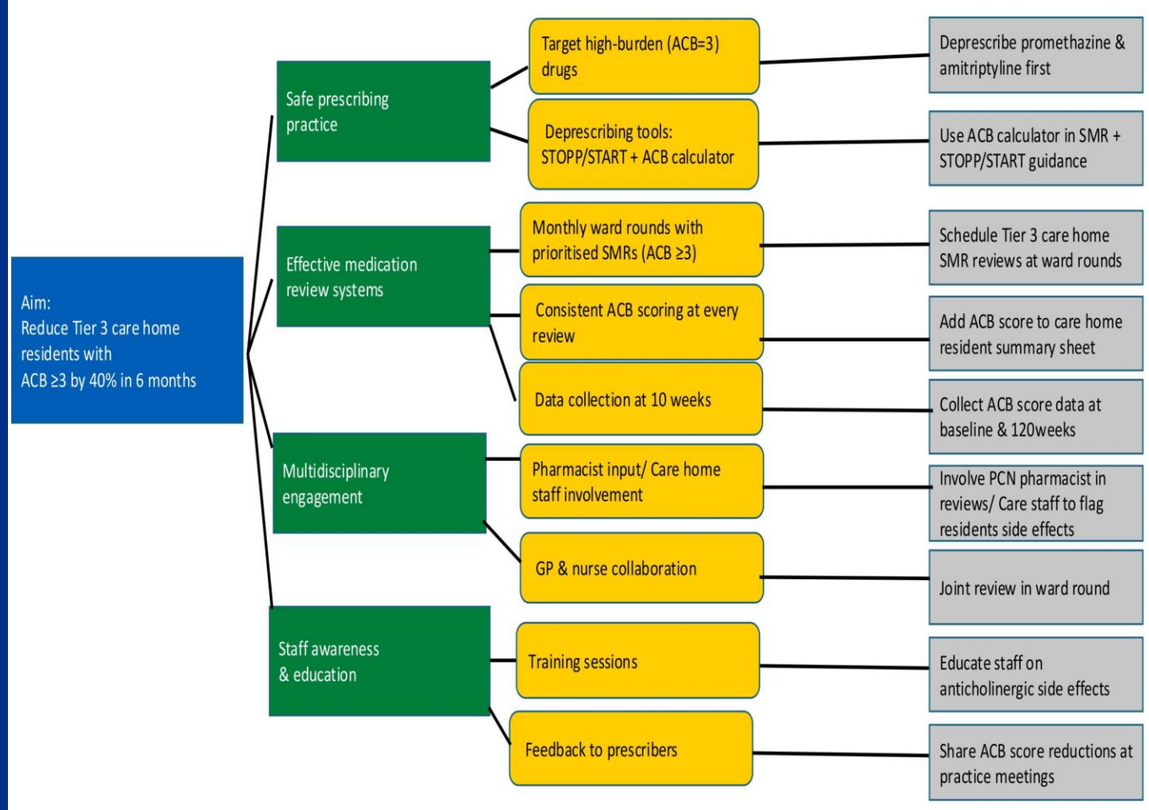


2 Understanding the current situation or problem



- ***Review of 51 care-home residents found 17 with ACB ≥ 3.***
- ***Most of this burden arose from just a few high-risk drugs — indicating that targeted deprescribing could yield the greatest impact***

3 What are we trying to accomplish?



4 How will we know that a change results in an improvement?

Section 4: How will we know a change is an improvement?

Outcome measure (SMART Aim)

Reduce the proportion of residents with ACB ≥3 by 40 % (from 17 → 10) by January 2026

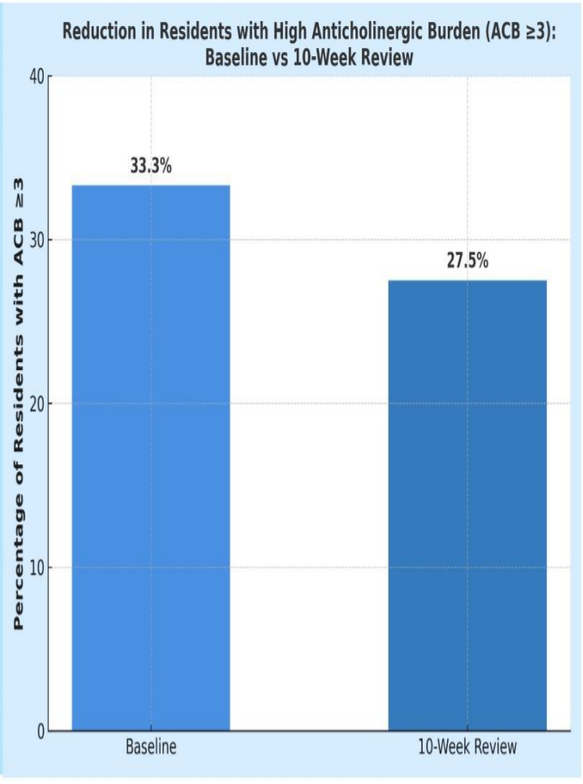
- Baseline: 33,3 % (17/51 residents)
- 10-week review: 27,5 % (14/51 residents)

Process measures:

- % of residents with documented ACB score
- Amitriptyline and promethazine placed on acute prescription list so each issue triggers review

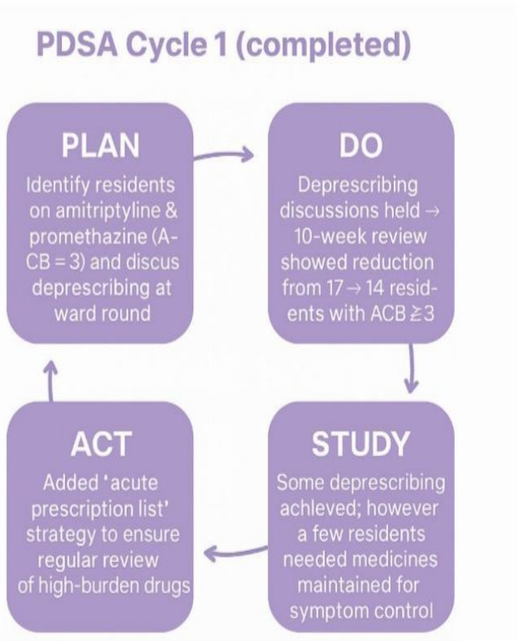
Balancing measures:

- Residents needing medication restarted after deprescribing
- In frail / EOLC residents where the goal is comfort care, deprescribing may not be appropriate



5 What changes can we make that will result in improvement?

Cycle	Plan	Do	Study / Act	Outcome / Next Step
PDSA Cycle 1 (Completed)	Identify residents on amitriptyline & promethazine (ACB = 3) and discuss deprescribing at ward round.	10-week review showed reduction from 17 → 14 residents with ACB ≥ 3.	Some deprescribing achieved; however, a few residents mecled medicines maintained for symptom control.	Reduction in ACB ≥ 3 cases; improved review process for high-risk medications.
PDSA Cycle 2 (in Progress)	Testing consistent ACB scoring at every SMR and recording on summary sheets.	Team is docume-nting scores on care-home summary sheets to improve visibility.	Assess reli-ability of documentation and refine workflow.	Expected improvement in consistency of ACB recording and awareness among staff.
PDSA Cycle 3 (Planned)	Introduce pharmacist-led reviews and staff education on anticholinergic side effects.	To be implemented following review of Cycle 2 outcomes.	Evaluate impact of training on deprescribing behaviour.	Improved confidence in deprescribing and sustained reduction in ACB ≥ 3 cases.



Section 5: What change can we make that will result in improvement?

Section 6: Next Steps and Lessons Learned

Next Steps:

- Maintain monthly SMRs and ensure ACB scoring is embedded in every review.
- Expand pharmacist involvement and staff education on anticholinergic risk.
- Share learning across other care homes within the PCN.
- Re-measure at 6 months to confirm ≥40% reduction in hig-rden prescribing

Lessons Learned:

- Early focus on a few high-ACB medicines (promethazine, amitriptyline) delivered rapid impact.
- Pharmacist and care–home staff collaboration strengthened deprescribing decisions.
- Consistent ACB scoring enabled visi-ble monitoring of progress.
- Clear communication with residents and families increased acceptance of medication changes.