ACB Toolkit

Summary and Next Steps

A Practical Guide for Primary Care Pharmacists

Supporting GP Pharmacists to Reduce Anticholinergic Burden Safely, Pragmatically and at Scale

PCPA ACB Toolkit: June 2026

Introduction

The PCPA ACB Toolkit supports GP pharmacists to identify patients at greatest risk from anticholinergic medicines and prioritise structured medication reviews. It provides a pragmatic framework to reduce avoidable harm and support safer prescribing and deprescribing. The overall aim is to improve outcomes including cognition, falls risk, frailty, constipation, delirium and hospital admission risk.

This toolkit is designed to support:

- Proactive population health management
- Personalised care
- Medicines optimisation
- Frailty prevention
- Quality improvement within Primary Care Networks and practices

Why Anticholinergic Burden Matters

Higher anticholinergic burden is associated with a range of adverse outcomes, particularly in older adults and people living with frailty or multimorbidity. Recognising and reducing cumulative burden can improve safety, function and quality of life.

- Falls and fractures
- Confusion and delirium
- Cognitive decline/Increased risk of Dementia
- Increased frailty
- Reduced functional independence
- Urinary retention
- Constipation
- Dry eyes
- Poor adherence
- Increased healthcare utilisation

Even small reductions in ACB burden may improve quality of life and reduce risk. The greatest impact is achieved through:

- Reviewing cumulative burden
- Targeting highest-risk patients first
- Making gradual, patient-centred changes.

Getting Started: Identifying High-Risk Patients

Start with patients who are most likely to benefit from intervention.

Priority Groups

- ACB score ≥6
- Age ≥65 years
- Frailty
- History of falls
- Complex mental health
- Cognitive impairment
- Polypharmacy (10+ medicines)
- Care home residents
- Parkinson's disease
- Recurrent admissions
- Constipation/urinary retention
- Sedative burden alongside ACB

Practical tip: Do not try to review everyone at once. Focus initially on the top 20 highest ACB patients per practice or disease areas readily amenable to change. Early wins help build confidence.

Prioritising Medication Reviews

Prioritise "High Harm + Low Value" medicines first. The safest and most successful interventions are often medicines that are no longer effective, were started historically without review, duplicate therapy, treat side effects of other medicines, or have no current indication.

Common Medicines to Review

- Amitriptyline
- Oxybutynin
- Cyclizine
- Chlorphenamine
- Promethazine
- Paroxetine
- Dosulepin
- Prochlorperazine
- Solifenacin
- Tolterodine
- Hyoscine

Practical tip: Look for PRN medicines still on repeat, medicines issued for years without review, and legacy prescribing.

Conducting Effective ACB Reviews

Use a Structured Review Approach

Suggested structure:

1. **Discuss patient priorities**:
   - What matters most to the patient?
   - What symptoms worry them most?

2. **Clarify the indication** —
   - Why was the medicine started?
   - Is the condition still present?

3. **Assess current benefit** —
   - Is it helping?
   - Is the benefit clinically meaningful?
   - Well evidence based?
   - More effective/safer alternative?

4. **Identify harms or risks** —
   - Falls?
   - Drowsiness?
   - Cognitive symptoms?
   - Constipation?
   - Dry mouth?
   - Reduced mobility?

5. **Agree realistic changes** —
   - Stop
   - Reduce dose
   - Switch to lower-ACB alternative
   - Monitor

Deprescribing Principles

Aim for "safer", not "perfect". Not every medicine needs to stop. Success may include:

- Reducing dose
- Reducing total ACB score
- Removing one high-risk medicine
- Improving symptoms/function
- Reducing falls risk

Important: Avoid abrupt cessation of medicines associated with withdrawal or symptom rebound. Change one medicine at a time where possible and use tapering plans for antidepressants and sedatives.

Practical tips:

- Change one medicine at a time where possible
- Use tapering plans for antidepressants and sedatives
- Document rationale clearly
- Safety-net patients
- Arrange appropriate feedback mechanisms and follow-up

High-Value Intervention Opportunities

Areas where pharmacists often achieve good outcomes:

Area	Key Actions
Sleep and Sedation	Review sedating antihistamines, review night sedation, promote sleep hygiene
Bladder Medicines	Reassess long-term antimuscarinics, consider non-pharmacological measures, consider Beta-3 alternatives
Chronic Pain	Review low-dose amitriptyline use, assess ongoing benefit, consider Duloxetine as alternative
Mental Health	Review older antidepressants, consider lower-ACB alternatives
Vertigo/Nausea	Review long-term cyclizine/prochlorperazine use

Engaging Patients Effectively

Communication is key to successful deprescribing.

Instead of	Try
"This medicine is inappropriate"	"I wonder whether this medicine may now be causing more harm than benefit"
"We need to stop this"	"Would you be open to trying a small reduction to see if you feel clearer or steadier?"

Focus on outcomes patients value: Reduced constipation, improved memory, preventing falls, improving balance, reducing pill burden, reducing dizziness and reduced dry eyes.

Implementation Roadmap

Phase 1 – Identify: Run searches and stratify risk

Phase 2 – Pilot: Review a small high-risk cohort

Phase 3 – Refine: Develop local processes/templates

Phase 4 – Scale: Expand to frailty clinics, care homes, structured medication reviews and MDT meetings

Phase 5 – Propagate: Publish (Posters, Publications), Portfolio/Advanced practice & PDP and spread the word

Measuring Impact

Tracking outcomes helps demonstrate value, support quality improvement, and sustain engagement across the practice and PCN.

- Number of patients reviewed
- Number of medicines stopped/reduced
- Average and Total ACB reduction
- Patient-reported benefit
- Improved documentation

Overcoming Common Challenges

Challenge	Solution
Limited time	Start with highest-risk patients only; set aside 2-3 appointments per day
Patient reluctance	Use gradual reductions and shared decisions. May require multiple interventions
Fear of symptom recurrence	Use trial reductions with safety-netting. Reassure that this is a trial and enable simple feedback mechanisms
Multiple prescribers	Improve communication and documentation. Build consensus

Key Success Factors

Successful ACB reduction programmes are usually:

- Gradual
- Pragmatic
- Patient-centred
- Multidisciplinary
- Focused on high-risk patients first
- Embedded into routine medication review processes

The biggest gains often come from:

- Identifying hidden prescribing inertia
- Reviewing longstanding repeat medicines
- Making small but meaningful reductions consistently over time

Start Small. Target Risk. Build Momentum.

You do not need to solve all anticholinergic burden issues at once!

A focused review of a small number of high-risk patients can:

- Reduce avoidable harm
- Improve patient wellbeing
- Demonstrate measurable impact quickly
- Build professional confidence

Every reduction in unnecessary anticholinergic burden is a meaningful intervention.

The toolkit is intended to support practical, clinically realistic improvements that place patient safety, function and quality of life at the centre of care.