

## Attachment 4

Dear Prescriber:

Numerous drugs with anticholinergic properties are available by prescription and OTC. The side effects of these drugs include constipation, urinary retention, glaucoma, dry mouth and eyes as well as heat intolerance and cardiac arrhythmias. At high doses, these drugs can cause memory impairment, delirium or other CNS symptoms. These side effects may be even more pronounced in the elderly. The use of multiple drugs with anticholinergic effects may increase the likelihood and severity of the side effects.

A recent article has attempted to develop a drug measurement scale to estimate the anticholinergic burden of multiple drugs with anticholinergic activity.<sup>1</sup> Although the rating scale is somewhat empiric, it demonstrates correlation with serum anticholinergic activity (SAA), recognized as the gold standard for anticholinergic burden, and provides a reasonable non-invasive estimate of anticholinergic burden by using pharmacy claims data and assigning weights to agents with greater anticholinergic activity.

The enclosed list is a list of patients under your care with a generally large anticholinergic burden and a list of their recent prescriptions for your information. The purpose of this intervention is to point out the potential anticholinergic burden we have identified from pharmacy claims data and to encourage you to carefully evaluate the use of these drugs in your patients for appropriateness and to monitor for adverse reactions. In presenting this information, we recognize that drug therapy needs to be individualized for each patient's particular needs and depends on an assessment of the patient's entire clinical situation. In many cases, not all drugs that contribute to the anticholinergic burden have been prescribed by you..

The success of this program depends on an effective two-way exchange of information. Therefore, we would appreciate your reaction to this letter. Your participation is voluntary, but your input will help us refine our program to more effectively address important clinical issues. We have provided a response form and a postage-paid envelope for your convenience. Please return it to us within two weeks. You may also respond by FAX at (608) 258-3359. Any additional comments you would like to include are always welcome. If you have any questions, please contact Michael Mergener, R.Ph., Ph.D., at (608) 258-3348.

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<sup>1</sup> The Anticholinergic Drug Scale as a Measure of Drug-Related Anticholinergic Burden: Associations With Serum Anticholinergic Activity , Carnahan et al. *J Clin Pharmacol* .2006; 46: 1481-1486.

WISCONSIN RETROSPECTIVE DRUG UTILIZATION REVIEW  
ANTICHOLINERGIC BURDEN DRUG INTERVENTION

All information used to generate the enclosed letter, including Prescriber Identification, was obtained from Medicaid paid claims data submitted by pharmacies. If there appears to be an error in the information provided, please note the discrepancy. Thank you for your cooperation.

**PRESCRIBER RESPONSE**

I have reviewed the information provided and found it:

- very useful.
- useful.
- neutral.
- minimally useful.
- not useful.

I have reviewed the information provided and:

- discontinued the medication(s).
- will review the treatment regimens for my patients.
- have already explored other options before prescribing these drugs.
- modified how I am prescribing anticholinergic drugs.
- did not modify the drug therapy because I believe treatment is appropriate.
- did not change therapy because benefits outweigh risks.
- tried to modify the drug therapy, however, the patient refuses to change medications.
- am aware that the patient is taking these drugs and am monitoring for adverse reactions.

Comments: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Please return response form to:  
APS Healthcare  
10 East Doty Street, Suite 210  
Madison, WI 53703

**MERGED PRESCRIBER NAME**