



Drugs with Possible Anticholinergic Effects



Generic Name	Brand Name
Alverine	Spasmonal™
Alprazolam	Xanax™
Atenolol	Tenormin™
Brompheniramine	Brovex™, Lodrane™, Lo-Hist™
Bupropion	Wellbutrin™, Zyban™
Captopril	Capoten™
Chlorthalidone	Diuril™, Hygroton™
Cimetidine	Tagamet™
Clorazepate	Tranxene™
Codeine	Contin™
Colchicine	Colcrys™
Diazepam	Valium™
Digoxin	Lanoxin™
Dipyridamole	Persantine™
Disopyramide	Norpace™
Fentanyl	Duragesic™, Actiq™
Furosemide	Lasix™
Fluvoxamine	Luvox™
Haloperidol	Haldol™
Hydralazine	Apresoline™
Hydrocortisone	Cortef™, Cortaid™
Isosorbide	Isordil™, Ismo™
Loperamide	Immodium™, others
Metoprolol	Lopressor™, Toprol™
Morphine	MS Contin™, Avinza™, Roxanol™
Nifedipine	Procardia™, Adalat™, Nifedical™
Prednisone	Deltasone™, Sterapred™
Quinidine	Quinaglute™
Ranitidine	Zantac™
Risperidone	Risperdal™
Theophylline	Theodur™, Uniphyll™
Trazodone	Desyrel™
Triamterene	Dyrenium™
Warfarin	Coumadin™

Complete References:

1. Boustani MA, Campbell NL, Munger S, Maidment I, Fox GC. Impact of anticholinergics on the aging brain: a review and practical application. *Aging Health*. 2008;4(3):311-20.
2. Campbell N, Boustani M, Limbil T, Ott C, et al. The cognitive impact of anticholinergics: a clinical review. *Clinical Interventions in Aging*. 2009;4(1):225-33

Do not reproduce without permission – contact rmanms@regenstrief.org

ANTICHOLINERGIC COGNITIVE BURDEN SCALE

Developed by the Aging Brain Program of the IU Center for Aging Research



Drugs with Definite Anticholinergic Effects



Generic Name	Brand Name
Amantadine	Symmetrel™
Amitriptyline	Elavil™
Amoxapine	Asenden™
Atropine	Sal-Tropine™
Benztropine	Cogentin™
Brompheniramine	Dimetapp™, Lodrane™
Carbamazepine	Tegretol™
Carbinoxamine	Histex™, Carbihist™
Chlorpheniramine	Chlor-Trimeton™, Chlorphen™
Chlorpromazine	Thorazine™
Clemastine	Tavist™
Clomipramine	Anafranil™
Clozapine	Clozaril™
Cyclobenzaprine	Flexeril™
Darifenacin	Enablex™
Desipramine	Norpramin™
Dicyclomine	Bentyl™
Dimenhydrinate	Dramamine™, others
Diphenhydramine	Benadryl™, others
Doxepin	Sinequan™, Zonalon™
Flavoxate	Urispas™
Hydroxyzine	Atarax™, Vistaril™
Hyoscyamine	Anaspaz™, Cystospaz™, Levsin™
Imipramine	Tofranil™
Meclizine	Antivert™, Bonine™
Meperidine	Demerol™
Methocarbamol	Robaxin™
Nortriptyline	Pamelor™
Olanzapine	Zyprexa™
Orphenadrine	Norflex™
Oxcarbazepine	Trileptal™
Oxybutynin	Ditropan™
Paroxetine	Paxil™
Perphenazine	Trilafon™
Promethazine	Phenergan™
Propranolol	Pro-Banthine™
Quetiapine	Seroquel™
Scopolamine	Scopace™, Transderm Scop™
Thioridazine	Mellaril™
Tolterodine	Detrol™
Trifluoperazine	Stelazine™
Trihexyphenidyl	Artane™
Trimipramine	Surmontil™

The following represents a list of alternative medications developed by an interdisciplinary group of specialists within the Aging Brain Program at Indiana University. These suggestions do not supersede clinical judgment, and are intended to assist clinicians in practicing in acute health care settings who provide care for patients with cognitive impairment such as dementia, mild cognitive impairment or delirium.

Recommended alternatives to medications with Definite Anticholinergic Properties		
<i>Class</i>	<i>ACB Drugs</i>	<i>Alternatives</i>
First-Generation Antihistamines	Brompheniramine Carbinoxamine Chlorpheniramine Clemastine Diphenhydramine Dimenhydrinate Hydroxyzine	Allergies or itching: Loratadine or Cetirizine orally Insomnia: Trazadone orally
Antidepressants	Amitriptyline Amoxapine Clomipramine Desipramine Doxepin Imipramine Nortriptyline Paroxetine Trimipramine	<i>(Clinical judgment to consider if taper warranted)</i> Depression: Sertraline or Citalopram orally Neuropathic pain: Gabapentin orally Insomnia: Trazadone orally
Antipsychotics	Chlorpromazine Clozapine Olanzapine Perphenazine Quetiapine Thioridazine Trifluoperazine	<i>(Recommendation does not apply to chronic use for psychiatric diagnosis)</i> Acute care environment: Haloperidol orally or IM for 72 hours only
Central Anticholinergics	Amantadine Benztropine Trihexyphenidyl Orphenadrine	Movement disorders: Dopamine agonists or levodopa

The following represents a list of alternative medications developed by an interdisciplinary group of specialists within the Aging Brain Program at Indiana University. These suggestions do not supersede clinical judgment, and are intended to assist clinicians in practicing in acute health care settings who provide care for patients with cognitive impairment such as dementia, mild cognitive impairment or delirium.

Recommended alternatives to medications with Definite Anticholinergic Properties		
<i>Class</i>	<i>ACB Drugs</i>	<i>Alternatives</i>
Bladder Antispasmodics	Darifenacin Flavoxate Oxybutynin Propantheline Tolterodine	Hold during acute care stay – consider scheduling toileting
GI Antispasmodics	Atropine Dicyclomine Hyoscyamine Propantheline	Reflux disorders: Esomeprazole orally Painful abdominal cramps: Morphine orally or IV
Antiemetics	Hydroxyzine Meclizine Promethazine Scopolamine	Consider ondansetron IV or PO, or Metoclopramide PO
Skeletal Muscle Relaxants	Cyclobenzaprine Methocarbamol	Acetaminophen or oxycodone/acetaminophen
Analgesics	Meperidine	Morphine sulfate orally or IV
Antiepileptics	Carbamazepine Oxcarbazepine	Seizures: Consult neurology for alternative Neuropathic pain: Gabapentin or levetiracetam orally Mood disorders: Consult psychiatry for alternative

For more information or permission to duplicate, please contact:

Noll Campbell, PharmD or Malaz A. Boustani, MD, MPH

Regenstrief Institute, Inc.

410 West 10th Street, Suite 2000

Indianapolis, IN 46202-3012

Phone: (317) 423-5633

Fax: (317) 423-5695

Email: rmanns@regenstrief.org

Do not reproduce without permission – contact rmanns@regenstrief.org

www.indydiscoverynetwork.com