



Medicare Star Rating Provider Tip Sheet

Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)

Why This Measure Matters

The use of multiple anticholinergic medications in older adults is strongly associated with:

- Confusion, delirium, cognitive impairment, and increased dementia risk
- Sedation, dizziness, falls, fractures
- Blurred vision, constipation, urinary retention, dry mouth
- Overall reduced functional status and increased hospitalizations

The **American Geriatrics Society Beers Criteria** and **Pharmacy Quality Assurance (PQA)** endorse limiting anticholinergic burden in older adults.

A **lower** POLY-ACH rate = **better** performance and safer prescribing.

Measure Definition (CMS Star Ratings)

Denominator:

Patients ≥ 65 with ≥ 2 prescription fills for the same anticholinergic medication on different dates of service during the measurement year.

Numerator (Non-compliant):

Patients with **≥ 30 cumulative overlapping days of two or more unique anticholinergic medications.**

Exclusion:

Hospice enrollment at any time during the measurement year.

Best Practices to Improve Star Performance

- Avoid initiating an anticholinergic medication when alternatives are available (see attached list).
- Discontinue anticholinergic or transition to safer alternatives when possible (see attached list).

If Concurrent Use Is Clinically Necessary

- Use the lowest effective doses and limit duration, no refills.
- Taper and whenever possible discontinue.

References:

American Geriatrics Society. 2023 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. Journal of the American Geriatrics Society. 2023.
Pharmacy Quality Alliance (PQA). Medication Safety and Polypharmacy Measures.
Pharmacy Quality Alliance. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH) Measure Specifications.



- Continually evaluate the need for anticholinergic medications.
- Educate patients on side effects of anticholinergic medications.
- Follow up regularly for cognitive or fall risk assessment.

Commonly Prescribed Medications	Alternative Medication(s)*/Therapies/Actions
Amitriptyline, Doxepin, Nortriptyline, Paroxetine	For depression: escitalopram, sertraline, bupropion; For sleep: trazodone, melatonin, mirtazapine, sleep hygiene; For pain: acetaminophen, duloxetine, lidocaine topical, capsaicin topical
Benzotropine, Trihexyphenidyl	For extrapyramidal symptoms: adjust dose or switch to a different antipsychotic; For Parkinson's: amantadine, carbidopa/levodopa, ropinirole, pramipexole
Chlorpheniramine, Diphenhydramine, Prochlorperazine, Promethazine	For allergies: cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine, steroid nasal sprays, nasal or eye antihistamines; For sleep: trazodone, melatonin, mirtazapine, sleep hygiene; For motion sickness: acupuncture bands, ginger candies; For nausea: ondansetron
Chlorpromazine, Clozapine, Olanzapine, Perphenazine	For dementia or delirium: avoid antipsychotics unless benefit outweighs risk, <ul style="list-style-type: none"> • Safer options may be: citalopram (10-20mg/day), trazodone, sertraline, carbamazepine, divalproex • if antipsychotics are unavoidable try risperidone, aripiprazole or ziprasidone and continually reassess for necessity
Cyclobenzaprine	baclofen, tizanidine, acetaminophen, physical therapy, heat, stretching
Dicyclomine, Diphenoxylate/Atropine, Hyoscyamine	For diarrhea: loperamide, cholestyramine, eluxadoline (Viberzi) For constipation: lactulose, polyethylene glycol, linaclotide (Linzess) For IBS pain: peppermint oil, simethicone, increasing fiber
Dimenhydrinate, Meclizine, Scopolamine	Identify and address underlying cause(s) of dizziness For motion sickness: acupuncture bands, ginger candies
Hydroxyzine	For allergies: cetirizine, fexofenadine, loratadine, desloratadine, levocetirizine, steroid nasal sprays, nasal or eye antihistamines For anxiety: escitalopram, sertraline, bupropion, buspirone, mirtazapine; For sleep: trazodone, melatonin, mirtazapine, sleep hygiene
Oxybutynin, Solifenacin, Tolterodine, Trospium	mirabegron (Myrbetriq), vibegron (Gemtesa), bladder training, pelvic floor exercise

**Alternatives do not guarantee medication is on formulary*

References:

American Geriatrics Society. 2023 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. Journal of the American Geriatrics Society. 2023.
 Pharmacy Quality Alliance (PQA). Medication Safety and Polypharmacy Measures.
 Pharmacy Quality Alliance. Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACh) Measure Specifications.