

and researchers should be aware of these challenges when using and interpreting scores derived from proxies. Moreover, understanding why different raters reach different conclusions regarding the same residents is important for interpreting the meaning of proxy-reported scores.

## **P81: Anticholinergic Burden of Patients Assessed by UK Memory Clinics: An Audit**

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**Objective:** It is estimated that there are 55 million people living with dementias globally. With so few effective treatments available for dementias, it is vital that services optimise the management of risk factors for patients to slow their disease progression as much as possible. Commonly prescribed medications with anticholinergic effects can cause iatrogenic cognitive impairment and lead to faster decline in people living with dementia. United Kingdom (UK) national guidelines recommend minimising their use when assessing people with suspected dementia or during medication reviews of people with dementia. We proposed to audit how many people were being referred to memory assessment services in two UK locations with a significant anticholinergic burden, which medications were responsible, and whether this impacted on diagnosis.

**Methods:** We developed an audit tool based on national guidelines to gather data on the age, gender, medications, diagnosis and cognitive impairment of the first 50 patients assessed in the Memory Assessment Services in Wolverhampton and Walsall in 2022. We used the anticholinergic effect on cognition scale (AEC) to measure patients' anticholinergic burdens and identify the most frequently prescribed medications.

**Results:** We collected data from 30 patients from Wolverhampton and 20 patients from Walsall. Across the two locations, only 10% presented with a significant anticholinergic burden, with 24% having some anticholinergic burden that was not considered significant.

Every patient with a significant anticholinergic burden was later diagnosed with dementia.

Most of the anticholinergic medications that were prescribed are generally prescribed for psychiatric or neurological indications and the most frequently prescribed drug was amitriptyline.

**Conclusion:** The prescription of anticholinergic medications was not as prevalent as predicted in our sample. It may be that anticholinergic medication are less prescribed for physical illnesses as alternatives that do not cross the blood-brain barrier are available. Psychogeriatricians are well placed to review the anticholinergic medications that are commonly prescribed during the assessment of suspected dementia, due to their familiarity with these medications. In response to our findings, we plan to update our memory clinic assessment tools to highlight the need for clinicians to review patients' anticholinergic burden during assessment.

## **P87: A Case of Very-Late-Onset Obsessive Compulsive Disorder (OCD) comprising Religious and Somatic Obsessions... is the latter a distinct and overlooked phenotypic subtype of OCD?**

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