

B. Medication Review Form for Cognitive Risk

Instructions: Use this checklist to review the patient's current medication list and identify medications that could affect cognitive function and testing.

Medication or Medication Class	Frequency Taken		
	>3 times/wk	1-3 time/wk	Never
[B01] Drugs with Moderate or Severe Risk of Sedation and/or Confusion			
Major tranquilizers (e.g. olanzapine, quetiapine, sertraline, risperidone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives (e.g. alprazolam, lorazepam, clonazepam, or diazepam, chlordiazepoxide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping pills (e.g. chloral hydrate, zolpidem, zaleplon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antihistamines with strong sedative effects: (e.g., diphenhydramine [Benadryl], promethazine, metoclopramide, hydroxyzine, meclizine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics or narcotic analogues (e.g. oxycodone, hydrocodone, tramadol, codeine, dextromethorphan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticonvulsant medications (e.g. gabapentin, topiramate, valproate, lamotrigine, carbamazepine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedating antidepressants (e.g. fluoxetine, doxepin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[B02] Commonly-Used Drugs with Strong Anticholinergic Effects			
Tricyclic antidepressants (e.g., nortriptyline, paroxetine, amitriptyline, doxepin, paroxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly anticholinergic antihistamines (e.g., diphenhydramine, brompheniramine, hydroxyzine, meclizine, trihexyphenidyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly anticholinergic antipsychotics (e.g., chlorpromazine, olanzapine, clozapine, thioridazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly anticholinergic gastrointestinal agents (e.g., atropine, dicyclomine, L-hyoscyamine, metoclopramide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly anticholinergic urinary incontinence agents (e.g., oxybutynin, tolterodine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colchicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furosemide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alprazolam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carisprodol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six or more medications not listed above *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* So many medications have low or moderate (but measurable) sedative or anticholinergic effects (e.g., donepezil; many antibiotics) that the absolute number of medications a patient is taking is likely to correlate somewhat with anticholinergic effects.

References:

- Sloane PD, Ivey J, Roederer M, Roth M, Williams C. Accounting for the sedative and analgesic effects of medication changes during patient participation in clinical research studies: Measurement development and application to a sample of institutionalized geriatric patients. *Contemporary Clinical Trials*: 29:140-148, 2008.
- Chew ML, Mulsant BH, Pollock BG, Lehman ME, Greenspan A, Mahmoud RA, Kirshner MA, Sorisio DA, Bies RR, Gharabawi G. Anticholinergic activity of 107 medications commonly used by older adults. *J Am Geriatr Soc*. 2008 Jul;56(7):1333-41. doi: 10.1111/j.1532-5415.2008.01737.x.
- Salahudeen MS, Duffull SB, Nishtala PS. Anticholinergic burden quantified by anticholinergic risk scales and adverse outcomes in older people: a systematic review. *BMC Geriatr*. 2015 Mar 25;15:31. doi: 10.1186/s12877-015-0029-9.