

Sample Invitation Letter and Rating Sheet

Dear Doctor:

As a clinician, you may be aware that many medications commonly prescribed to older people have anti-cholinergic effects, such as dry mouth, headache, blurred vision, dizziness, palpitations, dilated pupils, urinary hesitation or retention, high fever and even acute confusion. To address such potential health problems, our research team needs your help to assess potential anti-cholinergic effects of xxxx medications listed in the next few pages. Please review each medication and answer the two questions to the right regarding the potential anticholinergic effect of the medications and whether or not the medication may be responsible for the specific cognitive impairment. Specifically:

Please first check one of the 4 columns under Question 1 for the most appropriate level of anti-cholinergic effects. Then, go to Question 2 and check either Yes or No as regarding to whether or not the medication may be a potential cause of the specific type of cognitive impairment.

For example, if you believe a medication has no or little anti-cholinergic effect, please check Column "0"; if you believe the medication has moderate anti-cholinergic effect, please check Column "2"; and so on.

Please base your answers on your best knowledge of the pharmacology, research evidence and/or your clinical experience regarding the medications. Unless entirely lacking of knowledge, please do not check Column "DK" (Don't Know).

Please do not skip any medications.

Thank you for your assistance. Your input is invaluable to our study and to the elderly population and will be gratefully acknowledged!

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Sample Rating Sheet of 20 Medications of CR-ACHS.

No.	Generic/proprietary Name of Medication	Q1: Possible Anticholinergic Effect and Its Magnitude					Q2. As a Possible Cause of [Delirium]	
		None	Mild	Moderate	Strong	Don't Know	No	Yes
1	ACARBOSE	0	1	2	3	DK	No	Yes
2	ACETYLCYSTEINE	0	1	2	3	DK	No	Yes
3	ALBUTEROL	0	1	2	3	DK	No	Yes
4	ALPROSTADIL	0	1	2	3	DK	No	Yes
5	ALUMINUM HYDROXIDE	0	1	2	3	DK	No	Yes
6	ANTACID	0	1	2	3	DK	No	Yes
7	BACLOFEN	0	1	2	3	DK	No	Yes
8	BELLADONNA	0	1	2	3	DK	No	Yes
9	BENZAEPRILOL	0	1	2	3	DK	No	Yes
10	BENZONATATE	0	1	2	3	DK	No	Yes
11	BETAXOLOL	0	1	2	3	DK	No	Yes
12	BISACODYL	0	1	2	3	DK	No	Yes
13	BUMETANIDE	0	1	2	3	DK	No	Yes
14	BUTALBITAL	0	1	2	3	DK	No	Yes
15	CARISOPRODOL	0	1	2	3	DK	No	Yes
16	CETIRIZINE	0	1	2	3	DK	No	Yes
17	COLESTIPOL	0	1	2	3	DK	No	Yes
18	DEXTROMETHORPHAN	0	1	2	3	DK	No	Yes
19	DIFLUNISAL	0	1	2	3	DK	No	Yes
20	DIVALPROEX	0	1	2	3	DK	No	Yes

Note:

This rating sheet consists of two questions.

Question 1 (Q1) asks about possible anticholinergic effects of the drug and, if anticholinergic, a rating of its magnitude on an ordinal scale. This question is generic and mandatory, aiming at eliciting a judgment of the drugs' "anticholinergic" without regards to particular cognitive outcomes.

Question 2 (Q2) asks about possible "causal" link between the suspected anticholinergic drug and a specific cognitive outcome. It requires only a dichotomous response (Yes versus No). This question is optional and can be tailored to address specific study outcomes. For example, the original version of the scale focused specifically on "delirium", an acute type of cognitive disorder [Han et al. 2001].