**Clinical Audit on Cardiac Monitoring in Patients on Acetylcholinesterase Inhibitors under the care of Psychogeriatrics Team**

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**Introduction**
Increasing age is the main risk factor for Alzheimer’s Disease and acetylcholinesterase inhibitors (AChEI) are mainly prescribed for older people. Older people have a higher prevalence of cardiac co-morbidity and also more likely to experience a fall, even in the absence of a cardiac arrhythmia. Studies have shown that AChEI’s can slow heart rate in those with an existing cardiac abnormality and as a result, further increase the risk of falls. The possible consequences of a fall (e.g. fracture, admission to hospital) are more likely to be severe in older people, particularly for those with dementia. Cardiac monitoring is therefore important in those taking AChEIs.

**Objectives**
This clinical audit seeks to assess and improve the cardiac monitoring of elderly patients who are on AChEIs under the care of the psychogeriatrics team in the United Christian Hospital.

**Methodology**
A prospective audit was conducted in May 2016 on cardiac monitoring for patients taking AChEI who were under the care of psychogeriatrics team according to the guidelines developed by the ECG Reference Group of Yorkshire & Humber Clinical Networks. It recommends pulse checking to be undertaken shortly before AChEIs are to be initiated. Once an AChEI has been initiated the pulse rate and patient’s symptoms should be rechecked at 1 month and then after 6 months. Yearly pulse monitoring is recommended.

**Result**
The audit found that baseline pulse check was done for 89.4% of the patients. However, ongoing pulse monitoring was not performed. Change intervention including staff education, discussion in team meetings and the development of a local guideline were implemented to improve the adherence rate. A re-audit done after 6
months found that ongoing pulse monitoring has been done for 68.6% of the patients. The change intervention was useful in changing monitoring practice.