

AVOID THESE DRUGS IN THE ELDERLY

PRESCRIPTION MEDICATIONS

DRUG CLASS	GENERIC	BRAND	JUSTIFICATION	ALTERNATIVES
Tricyclic Antidepressants	Amitriptyline (and all product combinations) with daily doses ≥ 25 mg	Elavil®, Limbitrol®, Triavil®	Strong anticholinergic effects (such as dry mouth, constipation, and vision disturbances), sedation properties, and increased risk for falls	Depression: SSRI, SNRI, nortriptyline, desipramine; Neuropathic pain: gabapentin (Neurontin®) or pregabalin (Lyrica®); Sleep: short-acting benzodiazepine or low dose Ambien®, Sonata®, Lunesta® or Rozerem®
Central alpha-Agonists	Clonidine	Catapres®	Potential for orthostatic hypotension and CNS adverse effects	HCTZ, ACE inhibitors, ARBs, CCB, beta blockers
Skeletal Muscle Relaxants	Cyclobenzaprine Carisoprodol	Flexeril® Soma®	Most muscle relaxants are poorly tolerated by elderly patients due to anticholinergic adverse effects, sedation, and weakness. At doses tolerated by elderly patients, their effectiveness is questionable.	Tizanidine (Zanaflex®)- somnolence 50%. Use with caution
Benzodiazepines (long-acting)	Diazepam	Valium®	These drugs have a long half-life in elderly patients (often several days) and produce prolonged sedation and increased risk for falls and fractures.	Anxiety: Low dose short-acting benzodiazepine or SSRI; Sleep: short-acting benzodiazepine or low dose Ambien®, Sonata®, Lunesta® or Rozerem®
Estrogens	Estrogen, conjugated	Premarin®, Cenestin®, Prempro®, Premphase®	Evidence of carcinogenic (breast and endometrial cancer) potential; lack of cardioprotective effect in older women	No alternatives available
GI-antispasmodics	Hyoscyamine	Levsin®, Levbid®, Levsinex®	GI antispasmodic drugs are highly anticholinergic and have uncertain effectiveness. Avoid, especially for long-term use.	No alternatives available
Calcium Channel Blockers	Nifedipine (short-acting)	Procardia®, Adalat®	Potential for hypotension and constipation	Other CCBs, HCTZ, ACE inhibitors, ARBs, beta blockers
Antiemetics/Antihistamines	Promethazine	Phenergan®	Anticholinergic effects, sedation, and confusion	Ondansetron (Zofran®)
Opiate Agonists	Propoxyphene HCl (and all product combinations)	Darvon®, Darvon-N®, Darvocet®	Offers few analgesic advantages over acetaminophen. Accumulation of a toxic metabolite in elderly which causes psychosis.	Tramadol (Ultram®) or codeine

OVER-THE-COUNTER MEDICATIONS

DRUG CLASS	GENERIC	BRAND	JUSTIFICATION	ALTERNATIVES
H2-antagonist	Cimetidine	Tagamet®	CNS effects such as sedation and confusion; significant drug-drug interactions	Any other H2-antagonist or a PPI
Antihistamines	Diphenhydramine (and all product combinations)	Benadryl®	May cause confusion and sedation. Should not be used as a hypnotic. If treating emergency allergic reaction, use smallest dose possible.	Allergy: Fexofenadine (Allegra®) or Loratidine (Claritin®); Sleep: use short-acting benzodiazepine or low dose Ambien®, Sonata®, Lunesta® or Rozerem®

Sources: 1. Fick, D., Cooper, J., et al. Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Patients. Arch Intern Med. 2003;163:2716-2724.



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SAFE PRESCRIBING IN THE OKLAHOMA ELDERLY