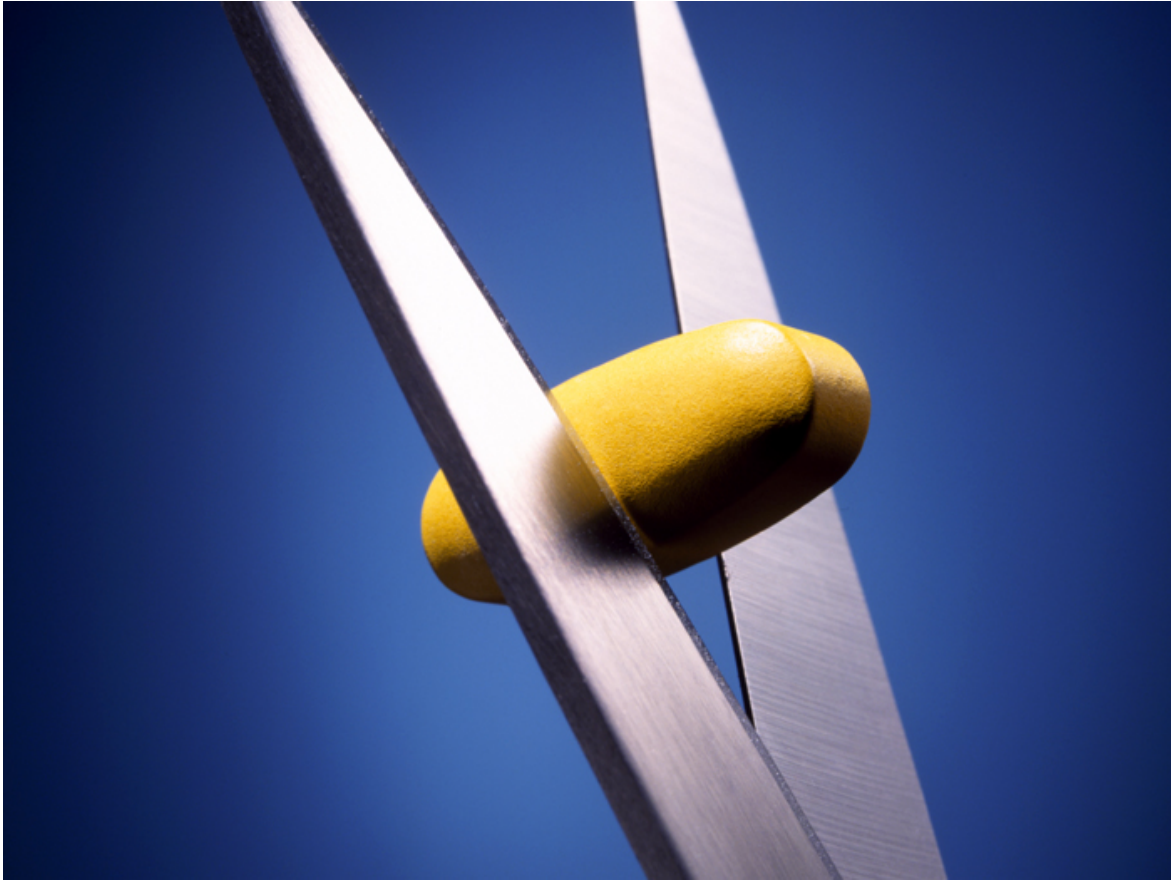


29 Medications Older Adults Should Avoid

By Barbara Brody | February 21, 2019

The risks of using certain prescription and OTC drugs change as you get older. Are you taking something you shouldn't be?



Even if you're as sharp and active as you were in your 20s, there's no denying your body has changed over the years. And while some of those changes might be obvious, others are not as easily noticeable. One important example: how your body responds to medication.

As you age, your kidney function changes, so it takes longer for many drugs to leave your system. Meanwhile, your body is less able to hold on to water and your body fat percentage increases, says Donna Marie Fick, Ph.D., R.N., director of the Center of Geriatric Nursing Excellence at Penn State College of Nursing.

These shifts, among others, mean a drug that worked well for you when you were younger might no longer do the trick—or, worse, it could leave you vulnerable to serious side effects or adverse events.

Benzodiazepines, for example, are often prescribed for anxiety and related conditions, but can increase the risk for cognitive impairment, falls (<https://www.silversneakers.com/blog/prevent-falls-home/>), and motor vehicle accidents—leading to fractures and other serious injuries. Despite these risks, six percent of men and more than 10 percent of women 65 to 80 years old use benzodiazepines, according to a study in *JAMA Psychiatry*.

In an effort to keep older adults and their doctors in the loop about these risks, the American Geriatric Society (AGS) maintains a list of drugs that might be dangerous in older patients. And you might very well be taking one or more of the drugs on this list.

Is Your Doctor Up to Speed?

If you're thinking your doctor should already know which drugs are off-limits for seniors, don't be so sure. Unless you're seeing a geriatrician, your provider might not be an expert in treating older adults.

You should also know that the 2019 version of the AGS list—called the AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults—just came out in late January 2019. The previous update was in 2015, so if your doctor is still relying on that version, their info could be outdated.

Another common issue: “You might have been put on a drug when you were 55 or 60, but now you're 65 or 75 and still taking it,” says Fick, who was a panel co-chair for the 2019 update.

That could be problematic if a doctor hasn't recently assessed all of the meds you're taking. She recommends going over all your prescription and over-the-counter (OTC) drugs (<https://www.silversneakers.com/blog/4-types-otc-meds-may-cause-serious-side-effects/>), as well as any dietary supplements you may be using, with a doctor at least every six months.

Fick adds that it's a good idea to periodically ask your doctor if you still need to be taking everything that's part of your current drug regimen, or if any of them can be stopped.

“There's a big push now to do what's called ‘deprescribing,’ because the sheer number of drugs you're taking is the biggest risk factor for adverse events,” she says.

Whether you're taking one pill or 10 (or more!), you and your doctor should consult the new AGS guide to help make sure it's safe for you. The guide puts drugs into five categories:

- Medications that are potentially inappropriate for most older adults
- Medications that should typically be avoided in older adults with certain conditions
- Medications to use with caution
- Medications that can react negatively with other medications (drug-drug interactions)
- Medications that may need a dosage adjustment based on your kidney function

You can get most of the highlights of the report by visiting [HealthinAging.org](https://www.healthinaging.org) (<https://www.healthinaging.org/medications-older-adults>). If your doctor hasn't already seen the full version, point them to the AGS professional site (<https://geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria/CL001>) or the January edition of the *Journal of the American Geriatric Society*.

In the meantime, here is a list of relatively common medications that older adults are now advised to avoid or use with caution.

Drugs Older Adults Should Avoid

- **Diabetes drugs:** glyburide (DiaBeta or Micronase) and chlorpropamide (Diabinese)
- **Muscle relaxants:** cyclobenzaprine (Flexeril), methocarbamol (Robaxin), carisoprodol (Soma), and similar medications
- **Anxiety drugs:** benzodiazepines, such as alprazolam (Xanax), lorazepam (Ativan), diazepam (Valium), and chlordiazepoxide (Librium)
- **Insomnia drugs:** zaleplon (Sonata), zolpidem (Ambien), and eszopiclone (Lunesta)
- **Antidepressants:** amitriptyline (Elavil) and imipramine (Tofranil)
- **Parkinson's drug:** trihexyphenidyl (Artane)
- **Irritable bowel syndrome drug:** dicyclomine (Bentyl)
- **Prescription pain reliever:** meperidine (Demerol)
- **Drugs for menopause symptoms:** estrogen pills and patches
- **OTC antihistamines:** diphenhydramine (Benadryl), except for the treatment of severe allergic reaction, and chlorpheniramine (Aller-Chlor and Chlor-Trimeton)
- **OTC sleep aids that contain antihistamines:** Tylenol PM (contains diphenhydramine) and similar medications

Drugs Older Adults Should Use with Caution

- **Pain relievers in the NSAID class:** celecoxib, aspirin, ibuprofen, and naproxen. Avoid them if you have heart failure with symptoms, and use them with caution if you have heart failure without symptoms. Also, consider avoiding aspirin, ibuprofen, and naproxen entirely if you're older than 75, taking an oral steroid, or taking a prescription blood thinner.
- **Heart failure or irregular heartbeat medication:** digoxin (Lanoxin). Ask about safer alternatives.
- **Antipsychotic medications, unless you are being treated for schizophrenia, bipolar disorder, or chemotherapy side effects:** haloperidol (Haldol), risperidone (Risperdal), or quetiapine (Seroquel)

How to Use This List

Of course, there are exceptions to everything, and there are some cases in which one or more of the drugs listed above truly is best for an older adult.

“All drugs have risks,” Fink says. “Our panel—which included clinicians, research scientists, private practice providers, pharmacists, and nurses—really tried to weigh the risk and benefits to figure out which ones belong on this list.”

Your own doctor can take it a step further by factoring in your medical history, health conditions, current medications, and any personal risk factors. If you're concerned about a medication you are taking, continue taking it as directed, but call your doctor (<https://www.silversneakers.com/blog/doctor-visit/>) as soon as possible. After reviewing your information, your doctor will decide if it's best for you to continue, change, or stop your medication.

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Nancy Murphy Fasano

how about Adderall or other amphetimines?

Like · Reply · 1 · 6d



Carol Anderson Lowery

Raises heart rate and was addictive for me. No longer take.

Like · Reply · 3 · 5d



William Wolf

I've been taking Adderall for several years without any issues. I'm 67 and my Doctor is fine with me taking them, but I stopped recently because most Medicare plans charge a high rate (>\$100/month) for refills. My ADD is still an issue, but I guess that I stopped caring after retirement.

Like · Reply · 2d



Donna Garian

What is wrong with taking Xanax?

Like · Reply · 3 · 6d



Debbie Otto

It's very addictive and difficult to wean off until you no longer rely on it. Unsafe for long time use for any age.

Like · Reply · 6 · 5d



Dean Gerken

Debbie Otto what about klonopin?

Like · Reply · 1 · 5d



Donna Garian

Debbie Otto Thank you. Yes, I know it can be addictive. I've been taking it for yrs. Same small dosage..and it is the only thing that helps me with my panic attacks! So my opinion is, if there is something that can help you live a better life and you are monitored by a responsible physician then it is fine to take. If you become addicted and need more and more...then you have a problem. However if you have a condition that it helps your quality of life...under supervision...it is a god send.

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Rhonda Simpson

Every time we are at a dr appt, they go over all our meds. Are there drs out there who don't do that? It's all in the hospital's system so as long as you stay within their network, the information is there for them to see. Many no longer use paper forms.

Like · Reply · 3 · 5d



Carol Anderson Lowery