

Inappropriate Medication Use in Older Adults with Potential for Severe Adverse Outcomes

Drug	Rationale	Potential Alternatives
Amphetamines and Anorexics • Adderall	Potential for causing MI, angina, HTN and dependence. Amphetamines may also cause CNS stimulant adverse effects.	Strattera
Narcotic Analgesic: • meperidine (Demerol)	Not an effective analgesic, may cause confusion and has many disadvantages to other narcotic drugs	oxycodone, morphine, codeine and fentanyl patches
Analgesic: • propoxyphene containing products (Darvon, Darvocet)	Offers few analgesic advantages over Acetaminophen, yet exhibits adverse effects of other narcotic drugs, including fall risk	Tramadol, ibuprofen, diclofenac, acetaminophen/codeine, tramadol/acetaminophen, morphine
Antianxiety/Sedative-hypnotic: • diphenhydramine (Benadryl)	Potently anticholinergic- may cause confusion and sedation. Should not be used as a hypnotic. Use the smallest possible dose if treating emergency allergic reactions.	zolpidem, zaleplon
Antibiotic: • nitrofurantoin (Macrochantin)	Potential for renal impairment.	trimethoprim
Antidepressants • amitriptyline (Elavil) • amitriptyline/perphenazine (Triavil) • amitriptyline/chlordiazepoxide (Limbitrol) • doxepin (Sinequan)	Strong anticholinergic and sedating properties. Rarely the antidepressant of choice.	• For antidepressant use: citalopram, sertraline, mirtazapine • For treatment of neuropathic pain: gabapentin, Cymbalta, Lyrica
Antidepressant: • fluoxetine (Prozac)	Long half-life and risk of excessive CNS stimulation, sleep disturbance, and increased agitation.	citalopram, sertraline, paroxetine
Antihistamines/Anticholinergics • chlorpheniramine (Chlor-Trimeton) • cyproheptadine (Periactin) • diphenhydramine (Benadryl) • hydroxyzine (Atarax & Vistaril) • promethazine (Phenergan)	Potent anticholinergic properties. Nonanticholinergic antihistamines are preferred in elderly patients when treating allergic reactions.	fexofenadine
Antihypertensive: • nifedipine (Procardia), short acting	Potential for hypotension and constipation	nifedipine (Procardia) long acting, felodipine, amlodipine

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Antiplatelet: • ticlopidine (Ticlid)	Increased hematologic adverse effects without increased efficacy over aspirin	Aspirin, clopidogel
Muscle Relaxants/Antispasmodics • carisoprodol (Soma) • cyclobenzaprine (Flexeril) • metaxalone (Skelaxin) • orphenadrine (Norflex) • oxybutynin (Ditropan)	Poorly tolerated leading to anticholinergic adverse effects, sedation, and weakness. Additionally, their effectiveness at doses tolerated by elderly patients is questionable.	baclofen, dantrium
NSAID: • indomethacin (Indocin & Indocin SR)	Causes the most CNS adverse effects of all the NSAIDs.	ibuprofen, diclofenac
NSAIDs: • naproxen (naprosyn, Avaprox, Aleve) • oxaprozin (Daypro) • piroxicam (Feldene)	Potential to produce GI bleeding, renal failure, high blood pressure, and heart failure	ibuprofen, diclofenac