

MEDICAL PHARMACIES DRUG NEWS

Drug Information and News for Health Care Providers

May 2019

Updated Beers Criteria®

The American Geriatrics Society Beers Criteria® for Potentially Inappropriate Medication (PIM) Use in Older Adults was updated in January 2019. The table below provides **highlights of the changes** that have been made to the 2015 criteria. Note that these guidelines may be applicable to people 65 years of age and older in most healthcare settings.

Key Updates in the 2019 Beers Criteria®

MEDICATIONS TO BE AVOIDED WITH CERTAIN CONDITIONS

Nondihydropyridine calcium channel blockers (e.g., diltiazem, verapamil)	Avoid in residents with heart failure with reduced ejection fraction (can cause fluid retention and worsen heart failure)
Nonbenzodiazepine, benzodiazepine receptor agonist hypnotics (i.e., Z-drugs such as zolpidem)	Avoid in residents with delirium
NSAIDs, COX-2 inhibitors, thiazolidinediones (e.g., pioglitazone), and dronedarone	Use with caution in residents with heart failure who are asymptomatic; avoid in residents with heart failure who have symptoms
SNRIs ¹ (e.g., venlafaxine)	Avoid in those with a history of falls or fractures
All antipsychotics, except quetiapine and clozapine, for residents with Parkinson's disease	Can worsen Parkinson's disease symptoms; less likely with quetiapine and clozapine. All antipsychotics continue to have safety and efficacy limitations.

MEDICATIONS TO USE WITH CAUTION

ASA for primary prevention of cardiovascular disease or colorectal cancer	Risk of major bleeding, caution in people ≥ 70 years (previous guidelines stated 80 years and older)
Rivaroxaban	Risk of GI bleeding, caution in people ≥ 75 years for atrial fibrillation or VTE ²
Tramadol	May exacerbate or cause SIADH ³

DRUG-DRUG INTERACTIONS TO AVOID

Opioids with benzodiazepines	Increased risk of overdose
Opioids with gabapentin, pregabalin	Increased risk of severe sedation-related adverse events (e.g., respiratory depression, death)
Trimethoprim-sulfamethoxazole with phenytoin, warfarin, ACEIs, ARBs	<ul style="list-style-type: none">• With phenytoin: increased risk of phenytoin toxicity• With warfarin: increased risk of bleeding• With ACEI⁴ or ARB⁵: increased risk of hyperkalemia• In people with decreased CrCl⁶: increased risk of hyperkalemia
Ciprofloxacin with theophylline	Increased risk of theophylline toxicity
Combination of three or more central nervous system drugs (e.g., antidepressants, antipsychotics, benzodiazepines)	Increased risk of falls. Also, increased risk of fractures with benzodiazepines and Z-drugs.

1. serotonin-norepinephrine reuptake inhibitors, 2. venous thromboembolism, 3. syndrome of inappropriate antidiuretic hormone secretion, 4. angiotensin converting enzyme inhibitor, 5. angiotensin receptor blocker, 6. creatinine clearance

Reference:

2019 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2019 updated Beers criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc 2019;00:1-21.