

Beers List Alternatives

Frequently Used Medications On The Beers List	Beers Rationale	Alternative Medication Recommendations
Propoxyphene Containing Products	Offers few analgesic advantages over Acetaminophen, yet exhibits adverse effects of other narcotic drugs, including fall risk	Acetaminophen w/o Codeine, Morphine
Meperidine	Not an effective oral analgesic in doses commonly used. May cause confusion and is highly recognized for possibility of seizures	Morphine, Codeine and Fentanyl patches
Indomethacin Naproxen Piroxicam Ketorolac	Of all the NSAID's available, these cause the most CNS adverse effects	Ibuprofen, Diclofenac
Amitriptyline Doxepin Fluoxetine	Its strong anticholinergic and sedation properties make this a poor choice of antidepressants for the elderly	Remeron, Celexa, Zoloft, or other TCA's such as Desipramine or Nortriptyline.
Flurazepam* Diazepam* Clorazepate* Chlordiazepoxide*	These drugs have reduced clearance and therefore longer half lives. Sedation and increased risk of falls are problematic in the elderly. Shorter acting benzodiazepines are preferred	Lorazepam*, Temazepam*, Clonazepam*
Fluoxetine	Long half life of near 2 weeks produces excessive CNS stimulation, sleep disturbances and increased agitation	Shorter acting SSRI's: Citalopram, Paroxetine, Sertraline
Clonidine	Potential for orthostatic hypotension and CNS side effects	Dependent on clinical scenario and comorbidities but may include: ACE-inhibitors, Ca ⁺⁺ channel blockers, Beta-blockers and ARB's
Short Acting Nifedipine	Potential for hypotension and constipation	Longer acting Nifedipine, Felodipine or Amlodipine
Hydroxyzine Diphenhydramine Cyproheptadine	Nonprescription and many prescription antihistamines have potent anticholinergic properties	Fexofenadine, Loratadine

Dexchlorpheniramine Promethazine		
Digoxin	Decreased renal clearance leads to toxic effects and narrow therapeutic window	Periodic Digoxin Serum levels to ensure appropriateness of dose. Also specific renal testing as a monitoring tool.
Ticlopidine	Has been shown to be no better than aspirin in preventing clotting and may be considerably more toxic	ASA, Clopidogrel
Cimetidine	CNS effects including confusion	Ranitidine*
Desiccated Thyroid	Concerns about cardiac effects	Levothyroxine without T3 component
Meprobamate	Highly addictive and sedating	Buspirone
Thioridazine	Greater potential for CNS and extrapyramidal side effects	Abilify, Geodon, Zyprexa, Prolixin
Amphetamines	Potential for dependence, angina, hypertension, and MI	Strattera
All barbituates except Phenobarbital	Highly addictive and causes more adverse effects than most sedatives or hypnotic drugs	Phenobarbital*
Dicyclomine, Propantheline	Highly anticholinergic, uncertain effectiveness	No preferred agents
Atropine, Hyoscyamine, Scopolamine	Strongly anticholinergic	Paregoric
Soma, Flexeril, Skelaxin, Robaxin, Norflex	Poorly tolerated in elderly, anticholinergic effects, sedation and weakness	Baclofen, Dantrium
Oral estradiol, estrogen	No cardioprotective effect. Risk of breast/endometrial cancer	No preferred agents
Chlorpropamide	Prolonged half life in elderly, prolonged hypoglycemia.	Glyburide, Glipizide
Dipyridamole, Isoxsuprine, Cyclandelate	May cause orthostatic hypotension	Hydralazine, minoxidil
Nitrofurantoin	May cause renal impairment	Trimethoprim, Methenamine mandalate
Methyltestosterones	Potential for prostatic hypertrophy and cardiac problems	Danazol

* Not Covered under Medicare Part D

References:

Fick DM et al. Updating the Beers criteria for potentially inappropriate use in older adults: Results of a consensus panel of experts. Archives of internal medicine. 2003 Dec 8-22;163(22):2716-24, American Medical Association.

<http://prodruginfo.com/Formulary/MedicationSafety/beers%20list%203.pdf>