Q: If a drug is on the Beers Criteria’s list of “potentially inappropriate medications or classes of medications to be avoided in older adults,” does this mean people who are 65 or older should never take it?

A: No. If a drug is listed as a medication that is potentially inappropriate for, or to be avoided in, older people, this does not mean that the drug is unsafe for all adults 65 or older.

It means that these drugs are potentially – or possibly – inappropriate for older people because:
• They pose high risks of side effects in older adults.
• They may have limited effectiveness in older patients.
• Alternative treatments are available. These may be alternative medications or non-drug treatments such as massage, or gentle exercise.

If a drug is on the list, healthcare providers should be particularly careful when prescribing it for older patients. After careful consideration of the medication’s benefits and risks for a given patient, however, a healthcare professional may decide that a particular drug on the list is the best choice for that patient.

Q: If my healthcare provider decides that a drug on the Beers Criteria list of potentially inappropriate drugs is, in fact, the best medication for me, what should I do?

A: Whenever you’re prescribed a new drug – whether it’s listed in the Beers Criteria or not – you should ask your healthcare professional these questions:

• What side effects might I have while taking this drug?
• Can other drugs or supplements I’m taking interact with this new drug in ways that are harmful? If so, how can I tell whether this is happening? What signs should I look for?
• What should I do if I think I’m having a drug side effect or one of my medications seems to be interacting with another drug or a supplement I take?
• Are any of these effects serious enough that I should call 911? If so, which?
• Is there another treatment – either a different drug or a non-drug treatment – that might be safer or more effective than this new drug?
• If there isn’t a good substitute for the new drug, is there a substitute for the medication I’m already taking that won’t interact with the new drug?
• Is this drug covered by my insurance or one that I can afford?

You should also make sure your healthcare provider has an up-to-date list of all the drugs (prescription and non-prescription) and supplements you take, and their doses. Carry a copy of this list with you, and update it whenever you start or stop taking any drugs or supplements or change your doses.
Q: I’m in my 70s and started taking a new medication – one that the 2012 Beers Criteria identifies as being potentially inappropriate for older people – a month ago. It seems as though I’ve been having headaches more often since I started taking this drug. I’m worried that the headaches are a side effect. Should I stop taking the drug?

A: Never stop taking a drug without first consulting your healthcare professional. Abruptly stopping a medication can be dangerous. Remember: your healthcare provider prescribed the medication to treat or prevent a health problem you have or are at risk of developing.

If you’re concerned that the new drug – or any drug, whether it’s listed in the Beers Criteria or not – is causing side effects, you should let your healthcare provider know right away. You should also tell him or her whenever you think a medication doesn’t seem to be working.

Keep in mind that every symptom you may have while taking a medication or medications is not necessarily a side effect of drugs you are taking. You may be having headaches for reasons unrelated to your medications -- perhaps because you haven’t been getting enough sleep, for example. Even so, you should contact your healthcare provider if you think you may be having a bad reaction to a medication so he or she can investigate, and find out what is happening and how to take care of it.

Q: What should my healthcare provider do if I’m taking a medication on the Beers Criteria list and it turns out I am having a bad reaction to it?

A: If there is an alternative medication or non-drug treatment that will work without causing the side effects, your healthcare provider may substitute it. If you are taking drugs that are interacting in unpleasant or harmful ways, and there are alternatives for one or both of these drugs that won’t interact, your provider can substitute one or both. Alternative drugs or non-drug treatments are often, though not always, available.

Q: Why does the Beers Criteria include a list of drugs that should be avoided by older adults with certain other diseases or disorders?

A: The drugs on that list tend to make specific diseases or disorders worse. Let’s say that you have heart failure and you also need a pain reliever. A popular group of pain killers called non-steroidal anti-inflammatory drugs or “NSAIDs” (for example ibuprofen and naproxen) could relieve your pain but can also worsen your heart failure. In light of that, your healthcare professional should recommend another kind of pain reliever that won’t make your heart failure worse – such as acetaminophen (Tylenol is one brand) – or a non-drug.
Q: The Beers Criteria also includes a list of certain drugs that should be prescribed for older adults with caution. That sounds risky. What should I do if my healthcare provider recommends one of these drugs? What do we need to do to be sufficiently cautious?

A: The medications on that list pose a high risk of side effects or may not be very effective – but may be the best available choice for a person depending on their health concerns.

If your healthcare professional recommends one of these drugs, ask why, and whether there might be an alternative. Keep in mind, however, that healthcare professionals usually prescribe these drugs because, despite their drawbacks, they are the best choice available.

Be sure to ask your healthcare provider what side effects you might have when taking the medication. If you think you may be having one or more of these side effects, tell your healthcare provider right away.

Remember: all drugs have potential side effects. The key thing is to be aware of the side effects you might have, watch for these, and tell your healthcare provider if you think you might be having them.

Q: I just turned 65 and, for years, I’ve been taking a drug that, I just found out, is on the Beers Criteria’s list of potentially inappropriate drugs for older adults. Does this mean I shouldn’t be taking this drug anymore just because I’m 65?

A: Adults 65 and older run a higher risk of adverse or “bad” reactions to medications than younger people. As you age, the way your body responds to medications changes in ways that make you more likely to have side effects when you take drugs. Some of these side effects can be very serious. With age, people also tend to develop more ongoing, or “chronic,” health problems, such as heart disease, and, as a result, take more medications on a regular basis. This increases their risks of potentially dangerous drug-drug interactions.

This doesn’t mean, however, that you shouldn’t continue taking a medication that has been working well for you, simply because it’s on that list and you’re now 65. It does mean that you should ask your healthcare professional what medication side effects to watch for now that you’re older.

Unless you know what side effects to keep an eye out for, you may dismiss a side effect as “just part of getting old” – a mistake many older people make. Don’t make that mistake. Know what side effects to watch for in later life and, if you think you’re having these side effects, tell your healthcare provider.

It is also a good idea to discuss your medications with your healthcare provider regularly. Sometimes it is easy to continue medications without giving it much thought. Discussing your medications regularly with your healthcare provider might mean that a safer or better medication has come along that could replace the medication you are taking that is on the Beers Criteria’s list.

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