



Alternatives for Medications Listed in the AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults

Recently, the American Geriatrics Society (AGS) released the 2019 AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. For more than 20 years, the Beers Criteria have been a valuable resource for healthcare providers about the safety of prescribing drugs for older people.

To accompany the updated AGS Beers Criteria® in 2015, the AGS also developed a list of safer medications that are alternatives to some of the medications listed in the criteria. This first list of alternatives focuses on those medications that are used in various quality measures, which are used by America's health plans to measure performance on important aspects of care. Your healthcare provider may choose to substitute these alternatives in place of potentially inappropriate medications included in the criteria.

Key Points

■ **Never stop taking a medication without first talking to your healthcare provider.** Even if a medication you're taking is listed on the AGS Beers Criteria, don't stop taking it without discussing it with your healthcare provider.

■ **Know about the medications you are taking.** Ask your clinician or pharmacist about the medications you are taking and their potential side effects. If you're experiencing any symptoms, ask if they could be related to a medication you are taking or if it may be a sign of another problem. Use only trusted, reliable sources (such as MedlinePlus) to look up information about your medications.

■ **Review your medications regularly.** You should regularly review all of the medications you are taking with your clinicians and pharmacists. In these reviews, you should report any problems with your medications, including any side effects, questions you may have about them, or any problems with taking them as prescribed (such as cost). These reviews should occur at least once a year as well as any time a new medication is prescribed.

Remember:

potentially inappropriate medications are just that—potentially inappropriate. The AGS Beers Criteria® and the list of alternatives are resources, not a replacement, for the expertise and knowledge of your healthcare provider. The AGS Health in Aging Foundation has developed this resource to help you talk to your healthcare provider about these possible alternatives to Beers Criteria medications you're taking.

For more information on potentially inappropriate medication use, please read the [Ten Medications Older Adults Should Avoid or Use with Caution](#) tip sheet.

Medication Class/Examples

Possible Alternatives

to Discuss with your Healthcare Provider

NOTE: This is only a partial list of medications. Medications listed in parentheses are examples of brand names of the generic medications listed.

First Generation Antihistamines

(used for allergies)

- chlorpheniramine (AllerChlor)
- diphenhydramine (Benadryl)

- saline nasal rinse
- steroid nasal sprays such as fluticasone (Flonase)

- Allergy products such as:
 - cetirizine (Zyrtec)
 - fexofenadine (Allegra)
 - loratadine (Claritin)

Tricyclic Antidepressants for depression

- amitriptyline (Elavil)
- imipramine (Tofranil)

- selective serotonin reuptake inhibitors (SSRIs) such as:
 - citalopram (Celexa)
 - sertraline (Zoloft)
- bupropion (Historically known as “Wellbutrin”)

Barbituates

- phenobarbital
- other drugs ending in “barbital”

For epilepsy, anticonvulsants such as:

- lamotrigine (Lamictal)
- levetiracetam (Keppra)

Sleeping Aids

- zolpidem (Ambien)
- zaleplon (Sonata)
- ezopiclone (Lunesta)

Ask your healthcare provider about non-medication sleep hygiene techniques.

Pain Medication

People with chronic kidney disease or chronic renal failure should avoid all non-aspirin, nonsteroidal anti-inflammatory medications (NSAIDs).

These alternatives listed are for moderate pain:

- acetaminophen (Tylenol)
- topical capsaicin products
- lidocaine patches

- serotonin–norepinephrine reuptake inhibitors (SNRIs) such as:
 - duloxetine (Cymbalta)
 - venlafaxine (Effexor)

Benzodiazepines (often used to treat anxiety and sleep disorders as well as other conditions)

People with a history of falls should avoid benzodiazepines, such as:

- alprazolam (Xanax)
- lorazepam (Ativan)
- diazepam (Valium)

For anxiety:

- buspirone (Buspar)
- selective serotonin reuptake inhibitors (SSRIs) such as:
 - citalopram (Celexa)
 - sertraline (Zoloft)

For sleep:

- Ask your healthcare provider about non-medication sleep hygiene techniques.

Hormone Therapy

- Estrogen pills and patches

For vaginal dryness:

- topical estrogen creams

For hot flashes and night sweats:

- gabapentin (Neurontin)

(hot flashes continued)

- serotonin–norepinephrine reuptake inhibitors (SNRIs)
- selective serotonin reuptake inhibitors (SSRIs)

Pain Medication Opioids (Narcotics)

- meperidine (Demerol)
- pentazocine (Talwin or Talacen)

For acute moderate to severe pain:

- tramadol (Ultram)
- morphine
- oxycodone immediate release with acetaminophen

Consult CDC for resources and tools to support safe opioid prescribing and education of patients ([cdc.gov/drugoverdose/prescribing/guideline.html](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)).