



Behavioral Health Services (BHS)

Adult and Older Adult Behavioral Health
Physicians Manual and Practice Guidelines

Quick Guide: Parameters for the Use of
Psychotropic Medication in Older Adults

2021



Quick Guide

I. Parameters for Psychotropic Medication in Older Adults

A. Purpose

This summary is limited to psychotropics, side effect medications and some medications used, off label, for psychiatric illnesses. Physicians are advised to look at potential effects of non-psychotropics (that beneficiaries/clients are already on or get started on) in this context. ‘start low and go slow but go’ is a rule of thumb.

B. Introduction

1. Beers criteria was first developed in 1991 by Mark Beers, M.D. The intention is to accommodate for physiologic changes with aging and caution for side effects and drug-drug interactions.
2. The Beers criteria statement of ‘potentially inappropriate use in older adults’ serves as a reminder for close monitoring and not necessarily as contraindications, if clinically appropriate.
3. The document also encourages non-pharmacological treatment when appropriate

II. Medication-Specific Parameters

A. Anti-cholinergics and anti-Parkinsonian agents (e.g., Diphenhydramine, Hydroxyzine, benztropine and trihexyphenidyl).

1. Avoid using due to risk of confusion, delirium, dry mouth, constipation and toxicity.

B. Antipsychotics (both conventional and atypical)

1. Avoid for behavioral problems of neurocognitive disorders due to increased risk of Cerebrovascular Accident (CVA) and mortality.
2. Use non-pharmacological treatment as first line.
3. Antipsychotics are also listed under drug-syndrome interactions potentially causing delirium cognitive impairments parkinsonian symptoms (except Seroquel, clozapine and Pimavanserin), Syndrome of inappropriate antidiuretic hormone secretion (SIADH), falls and fractures.



4. Chlorpromazine, thioridazine and olanzapine. Avoid using due to risk of bradycardia and/or syncope.
- C. Alpha 1 blockers (e.g., Prazosin)
1. Avoid using due to risk of orthostatic hypotension and syncope.
- D. Anti-depressants with high anti-cholinergic property. (e.g., Tricyclic antidepressants (TCAs) and paroxetine).
1. Avoid using due to risk of anticholinergic side effects, sedation, orthostatic hypotension, SIADH, syncope, risk of fall and fractures.
 2. Also caution using Selective serotonin reuptake inhibitors (SSRIs) and Serotonin and norepinephrine reuptake inhibitors (SNRIs).
 3. Use with caution Mirtazapine SIADH, Hyponatremia
- E. Benzodiazepines and non-benzodiazepine receptor agonist hypnotics ('Z drugs') (e.g., Zaleplon, zolpidem and eszopiclone).
1. Avoid using due to risk of older adults' increased sensitivity to benzodiazepines. Decreased metabolism of long-acting agents, increased cognitive impairment, delirium, falls, fractures, and motor vehicle accidents.
- F. Acetylcholinesterase inhibitors. (e.g., Aricept).
1. Avoid using due to bradycardia and syncope.
- G. Mood stabilizers
1. Avoid using Carbamazepine and oxcarbazepine due to fall risk and SIADH.

III. Drug-Drug interactions

- A. Opioids and benzodiazepines - increased overdose risk.
- B. Opioids and Gabapentin and/or pregabalin - increased respiratory depression and overdose risk.
- C. TCAs, SSRIs, SNRIs, antipsychotics, antiepileptics, benzodiazepines, 'Z-drugs', and opioids.



1. Avoid using 3 or more of these Central nervous system (CNS) active drugs to decrease risk of falls and fractures.
- D. Lithium with ACEIs (angiotensin converting enzyme inhibitors) and/or loop diuretics - increased lithium toxicity.

IV. Creatinine clearance (ml/min) recommendations

- A. <30 avoid using duloxetine (for GI side effects)
- B. <60 reduce dose of gabapentin (for CNS depression)
- C. <80 reduce dose of Keppra (for CNS depression) and pregabalin (off label use)

References:

A Pocket Guide to the 2019 AGS Beers Criteria (American Geriatric Society, 2019)

How to Use the 2019 AGS Beers Criteria A Guide to for Patients, Clinicians, Health Systems, and Payors
A Clinician Education Tool PowerPoint Presentation (American Geriatric Society)