

# Appropriate Use of Psychotropic Drugs in Nursing Homes

TABLE 2.

## Drugs with a High Potential for Severe Outcomes in the Elderly

DRUGS	COMMENTS
<b>Psychotropics</b>	
Amitriptyline (Elavil)	Strongly anticholinergic and sedating
Barbiturates	More side effects than most sedative-hypnotic drugs; should not be used except to control seizures (phenobarbital)
Long-acting benzodiazepines	Long half-life and, hence, prolonged sedation; associated with an increased incidence of falls and fractures
Doxepin (Sinequan)	Strongly anticholinergic and sedating
Meprobamate (Miltown)	Highly addictive and sedating
<b>Analgesics</b>	
Meperidine (Demerol)	Not effective when administered orally; metabolite has anticholinergic profile
Pentazocine (Talwin)	Confusion and hallucinations more common than with other narcotics
<b>Miscellaneous</b>	
Antispasmodic agents (gastrointestinal)	Highly anticholinergic with associated toxic effects
Chlorpropamide (Diabinese)	Serious hypoglycemia possible because of the drug's prolonged half-life
Digoxin (Lanoxin)	Decreased renal clearance; doses should rarely exceed 0.125 mg except when treating arrhythmias
Methyldopa (Aldomet)	Causes bradycardia and exacerbates depression
Ticlopidine (Ticlid)	More toxic than aspirin

Information from Beers M. *Explicit criteria for determining potentially inappropriate medication use by the elderly. An update. Arch Intern Med 1997;157:1531-6.*