

Appropriate Use of Psychotropic Drugs in Nursing Homes

TABLE 2.

Drugs with a High Potential for Severe Outcomes in the Elderly

DRUGS	COMMENTS
Psychotropics	
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
Analgesics	
Meperidine (Demerol)	Not effective when administered orally; metabolite has anticholinergic profile
Pentazocine (Talwin)	Confusion and hallucinations more common than with other narcotics
Miscellaneous	
Antispasmodic agents (gastrointestinal)	Highly anticholinergic with associated toxic effects
Chlorpropamide (Diabinase)	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.