

Medications that May Contribute to Falls in the Elderly

Drug Class	Comments
<u>Neuroleptics (Antipsychotics)</u> -haloperidol, loxapine, chlorpromazine (older agents) -risperidone, olanzapine, quetiapine (newer)	-can cause sedation, confusion, postural hypotension -can cause Parkinsonism – older agents more so than new agents
<u>Antidepressants</u> -Tricyclics : nortriptyline, desipramine -SSRIs: fluoxetine, fluvoxamine, sertraline, paroxetine, citalopram, etc. -trazodone	-causes increase in falls, probably secondary to sedation -tricyclics can cause orthostatic hypotension, and have anticholinergic* effects -trazodone is very sedating and can cause orthostatic hypotension
<u>Antihistamines</u> -diphenhydramine, hydroxyzine, etc.	-can be very sedating with strong anticholinergic* effects -non-sedating antihistamines (cetirizine, loratidine) are much safer
<u>Sedatives/Anti-Anxiety</u> -short-acting: lorazepam, oxazepam, temazepam, zopiclone, alprazolam -long-acting: diazepam, clonazepam, flurazepam	-long-acting have been found to increase falls, while short-acting have not -could cause some degree of confusion, sedation, or memory impairment
<u>Antihypertensives and diuretics</u> -e.g. furosemide, hydrochlorothiazide, atenolol, enalapril, ramipril, losartan, nifedipine, amlodipine, terazosin, diltiazem etc.	-may contribute to falls as can cause hypotension, volume depletion, fatigue -have not been proven to actually increase risk of falls
<u>Parkinson's medications</u> -Sinemet (levodopa/carbidopa), pramipexole, bromocriptine, pergolide, ropinirole	-may cause postural hypotension and dyskinesias
<u>Antinausea/Vertigo</u> -dimenhydrinate, prochlorperazine, scopolamine, etc.	-are very anticholinergic*
<u>Muscle Relaxants</u> -cyclobenzaprine, orphenadrine, etc.	-have anticholinergic* properties
<u>Antispasmodics (bladder medications)</u> -oxybutynin, tolterodine	-have anticholinergic* properties; less with tolterodine
<u>Diabetic Medications</u> -glyburide, insulin	-hypoglycemia resulting from medications could cause unsteadiness or falls -metformin is not associated with hypoglycemia
<u>Opioids</u> -codeine, morphine, hydromorphone, oxycodone	-can cause sedation, confusion; tolerance to these effects build with time
<u>Anticonvulsants</u> -phenytoin, valproic acid, carbamazepine, gabapentin	-may cause drowsiness and ataxia

*anticholinergic effects – include confusion, sedation, memory impairment

Note: # of drugs taken by patient is also important; >4 drugs are associated with increase in falls risk