

AGS BEERS CRITERIA FOR POTENTIALLY INAPPROPRIATE MEDICATION USE IN OLDER ADULTS

FROM THE AMERICAN GERIATRICS SOCIETY

This clinical tool based on The AGS 2012 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (AGS 2012 Beers Criteria) has been developed to assist healthcare providers in improving medication safety in older adults. Our purpose is to inform clinical decision-making concerning the prescribing of medications for older adults in order to improve safety and quality of care.

Originally conceived in 1970 by the late Mark Beers, MD's presentation, the Beers Criteria catalogues medications that have adverse drug events in older adults due to their pharmacologic properties and the physiologic changes of aging. In 2011, the AGS undertook an update of the criteria, assembling a team of experts and leading the development of the AGS 2012 Beers Criteria using an enhanced, evidence-based methodology. Each criterion is rated (quality of evidence and strength of evidence) using the American College of Physicians' Evidence Grading System, which is based on the GRADE scheme developed by Guyatt et al.

The full document together with accompanying resources can be viewed online at www.american geriatrics.org.

INTENDED USE

The goal of this clinical tool is to improve care of older adults by reducing their exposure to Potentially Inappropriate Medications (PIMs).

- This should be viewed as a guide for identifying medications for which the risks of use in older adults outweigh the benefits.
- These criteria are not meant to be applied in a punitive manner.
- This tool is not meant to supersede clinical judgment or an individual patient's values and needs. Prescribing and managing these conditions should be individualized and involve shared decision-making.
- These criteria also underscore the importance of using a team approach to prescribing and the use of non-pharmacological approaches and offering nonoral and noninjection alternatives for this type of result.
- If explicit criteria such as the STOPP/BARK criteria and Medication Appropriateness Index should be used in a complementary manner with the 2012 AGS Beers Criteria to guide clinicians in making decisions about safe medication use in older adults.

The criteria are not applicable in all circumstances (eg, patient's existing palliative and hospice care). If a clinician is not able to find an alternative and chooses to continue to use a drug on this list in an individual patient, discontinuation of the medication or potentially inappropriate use serves as a reminder for close monitoring so that the potential for an adverse drug effect can be recognized from the medical record and prevented or detected early.

Organ System/ Therapeutic Category/Drug(s)	Recommendation, Reason, Quality of Evidence (Q) & Strength of Recommendation (S)
Anticholinergics (includes TCAs)	
First-generation anticholinergics (as single agent or as part of combination products)	Avoid
<ul style="list-style-type: none"> • Brompheniramine • Carbinolamine • Chlorpheniramine • Clemastine • Cyproheptadine • Doxaminophenamine • Doxylaminephenamine • Diphenhydramine (oral) • Doxepin • Hydroxyzine • Promethazine • Triprolidine 	Highly anticholinergic; clearance reduced with advanced age, and tolerance develops when used as hypnotic; increased risk of confusion, dry mouth, constipation, and other anticholinergic effects/side effects
Use of diphenhydramine	Use of diphenhydramine in special situations such as acute treatment of severe allergic reaction may be appropriate.
	Q2 + High (Hydroxyzine and Promethazine); Moderate (All others) S1 + Strong
<ul style="list-style-type: none"> • Antiparkinson agents • Benztropine (oral) • Trihexyphenidyl 	Avoid
	Not recommended for prevention of extrapyramidal symptoms with atypical atypical, more effective agents available for treatment of Parkinson disease.
	Q2 + Moderate S1 + Strong

Organ System/ Therapeutic Category/Drug(s)	Recommendation, Reason, Quality of Evidence (Q) & Strength of Recommendation (S)
<ul style="list-style-type: none"> • Acetaminophen • Salicylates (aspirin) • Combination analgesics • Diphenhydramine • Hydroxyzine • Propoxyphene • Tramadol 	Avoid usage in short-term pain relief due to decreased renal excretion. Highly anticholinergic, increases effectiveness. Q2 + Moderate S1 + Strong
Antidepressants	
Tricyclic antidepressants (TCAs) and "short-acting" TCAs (eg, doxepin) in the extended-release formulation with opioids	Avoid The risks of adverse hypertension, more effective alternatives available, if form acceptable for use in certain stress setting. Q2 + Moderate S1 + Strong
Tricyclics*	Avoid Other effective alternatives available. Q2 + Moderate S1 + Strong
Antipsychotics	
<ul style="list-style-type: none"> • Haloperidol • Mefenazine 	Avoid for long-term suppression, avoid in patients with CVD, fall risk, etc. Prevent for pulmonary toxicity; other alternatives available, lack of efficacy in patients with CVD, fall risk due to multiple drug interactions in the urine. Q2 + Moderate S1 + Strong
Cardiovascular	
<ul style="list-style-type: none"> • Alpha-1 blockers • Calcium • Prazosin • Terazosin 	Avoid use as an antihypertensive. High risk of orthostatic hypotension; less recommended as routine treatment for hypertension; alternative agents have superior risk/benefit profile. Q2 + Moderate S1 + Strong
<ul style="list-style-type: none"> • Alpha agonists • Clonidine • Guanadine* • Guanfacine* • Moxonidine* • Nifedipine (DII) (nightly)* 	Avoid clonidine as a first-line antihypertensive. Avoid others as listed. High risk of adverse CNS effects; may cause bradycardia and orthostatic hypotension; less recommended as routine treatment for hypertension. Q2 + Low S1 + Strong
<ul style="list-style-type: none"> • Antidysrhythmic drugs (Class I, II, III) • Amiodarone • Digoxin • Dofetilide • Disopyramide • Flecainide • Sotalol • Tocainide • Propafenone • Quinidine • Quinidine • Quinidine • Quinidine 	Avoid antidysrhythmic drugs as first-line treatment of atrial fibrillation. Data suggest that rate control yields better balance of benefits and harms than rhythm control for most older adults. Amiodarone is associated with multiple toxicities, including thyroid disease, pulmonary fibrosis, and QT interval prolongation. Q2 + High S2 + Strong
<ul style="list-style-type: none"> • Disopyramide* 	Avoid Disopyramide is a potent negative inotropic and therefore may reduce heart failure in older adults; strongly anticholinergic; other antidysrhythmic drugs preferred. Q2 + Low S1 + Strong
<ul style="list-style-type: none"> • Dronedronone 	Avoid in patients with permanent atrial fibrillation or heart failure. Worse outcomes have been reported in patients taking dronedronone who have permanent atrial fibrillation or heart failure. In general, rate control is preferred over rhythm control for atrial fibrillation. Q2 + Moderate S1 + Strong
<ul style="list-style-type: none"> • Digoxin (DII) (nightly) 	Avoid In heart failure, higher dosages associated with no additional benefit and may increase risk of toxicity; decreased renal clearance may increase risk of toxicity. Q2 + Moderate S1 + Strong

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