

# Drug Concerns in Patients Aged 65+



People aged 65 and above often have age-related changes that can affect how a medication works in their body, including (but not limited to) decreased muscle mass, increased body fat, and reduced liver and kidney function. Because of this, these patients may have a greater sensitivity to drugs. This means medications can stay in the body longer or have stronger effects, which can increase the chance of side effects. Many older adults also have specific medical conditions that could be worsened by certain drugs.

If you're an injured worker over 65, you should be aware of medication classes that could pose risks to you. Note that everyone's body reacts to medications differently. Talk to your doctor about any concerns or questions you have.

- Antidepressants
- Antipsychotics
- Benzodiazepines
- Sleep Aids
- Proton-Pump Inhibitors
- Oral Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- Anticonvulsants
- Skeletal Muscle Relaxants
- Opioids

### Antidepressants

**Prescribed for:** Depression and other mental health conditions, chronic pain

**Examples:** Amitriptyline, desipramine, imipramine, nortriptyline, paroxetine, duloxetine, venlafaxine

**Possible side effects in patients 65+:** Low blood pressure upon standing from a seated or laying-down position, dizziness, light headaches, dry mouth, constipation, blurred vision, increased heart rate, memory loss, difficulty concentrating, sedation, and urinary hesitancy (trouble starting to urinate).

**What to know:** If you're taking an antidepressant, and especially if you experience any of the above side effects, talk to your doctor about whether a lower dose or a safer alternative medication is appropriate. Do not stop the medication abruptly as you may experience withdrawal symptoms.

### Antipsychotics

**Prescribed for:** Mental health conditions such as schizophrenia, bipolar disorder, and psychotic depression

**Examples:** Aripiprazole, clozapine, olanzapine, quetiapine

- **Possible side effects in patients 65+:** Confusion and cognitive impairment, and there is a noted risk of stroke, particularly for patients with dementia.
- **What to know:** Older patients should avoid antipsychotics unless they are taking them for schizophrenia, bipolar disorder, or as an add-on treatment for major depression. If you must take an antipsychotic, ask your doctor about the lowest effective dose.

### Benzodiazepines

**Prescribed for:** Anxiety disorders, panic disorder, seizures, alcohol withdrawal, sleep disorders, muscle spasms

**Examples:** Alprazolam, clonazepam, diazepam, lorazepam, temazepam

- **Possible side effects in patients 65+:** Higher risk of cognitive impairment, delirium, falls, fractures, and motor vehicle crashes. Benzodiazepines can also affect how well you breathe and worsen obstructive breathing disorders, so they should not be used if you have sleep apnea. Additionally, due to their sedating effects, they should not be used with alcohol, certain antidepressants, and opioids.
- **What to know:** Older patients should not take benzodiazepines unless needed for a seizure disorder. If you do not have a seizure disorder, ask your doctor about a safer alternative, such as buspirone for anxiety.

### Sleep Aids

**Prescribed for:** Sleep disorders such as insomnia

**Examples:** Eszopiclone, zaleplon, zolpidem, over-the-counter medications

- **Possible side effects in patients 65+:** Extreme drowsiness, impairment the next day, and even delirium. There is also an increased risk of motor vehicle accidents and falls and fractures.
- **What to know:** Because harmful side effects are typically related to how much medication you're taking, older patients should be limited to low doses. Short-term use (10-14 days) is recommended for all sleep aids.

### Proton-Pump Inhibitors

**Prescribed for:** Peptic ulcer disease, gastroesophageal reflux disease (GERD)

**Examples:** Esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole

- **Possible side effects in patients 65+:** Clostridium difficile (C diff) infection, bone loss and fractures, lung infections, and reduced absorption of other medications. There is also a possible link to kidney damage.
- **What to know:** Given the serious nature of the risks, older patients who are taking proton-pump inhibitors should be regularly evaluated to confirm the need for continued use. As an alternative, ask your doctor about H2 agonists, sometimes referred to as H2RAs. Also consider limiting or avoiding triggers, which include (but are not limited to) consuming coffee, tea, alcohol, citrus foods (lemons), tomato-based products, peppermint, and spearmint; eating a snack or meal 2-3 hours before lying down; and laying down within 30-60 minutes after eating.

### Oral Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

**Prescribed for:** Arthritis, muscle aches, toothaches, headaches

**Examples:** Celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, nabumetone, naproxen

- **Possible side effects in patients 65+:** Cardiovascular risk such as increased blood pressure; upper GI ulcers, bleeds or perforation; peptic ulcer disease; and kidney injury.
- **What to know:** Older adults are at increased risk for the harmful side effects of NSAIDs, even at low doses.

Therefore, the lowest effective dose should be used and should only be taken as needed. Avoid long-term use. Be sure to take with food to protect the stomach. Of all the NSAIDs, indomethacin has the most harmful effects and should be avoided for older adults.

### Anticonvulsants

**Prescribed for:** Seizures, anxiety disorders, neuropathic pain, migraines, bipolar disorder

**Examples:** Gabapentin, pregabalin, topiramate

- **Possible side effects in patients 65+:** Worsening depression or suicidal thoughts. For gabapentin specifically, side effects include drowsiness and dizziness, which may increase fall risk. Gabapentin and pregabalin may cause difficulty breathing, especially when used in combination with opioids or benzodiazepines.
- **What to know:** Lower doses may be needed in patients who are taking gabapentin and pregabalin, particularly in those who also have reduced kidney function.

### Skeletal Muscle Relaxants

**Prescribed for:** Muscle spasms

**Examples:** Carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, orphenadrine, tizanidine, baclofen

- **Possible side effects in patients 65+:** Sedation, increased risk of fall/fractures, dry mouth, urinary retention (when your bladder doesn't fully empty when you urinate), constipation, increased heart rate, and blurred vision.

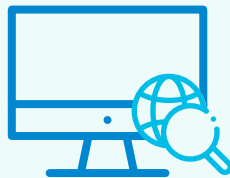
- **What to know:** Older patients should generally avoid skeletal muscle relaxants due to their sedative effects – except for certain spasticity agents like baclofen or tizanidine. If you must take a skeletal muscle relaxant, use the lowest possible dose for the shortest time possible.

### Opioids

**Prescribed for:** Moderate to severe pain, chronic conditions such as cancer

**Examples:** Codeine, fentanyl, hydrocodone, morphine, oxycodone, tramadol

- **Possible side effects in patients 65+:** Sleepiness, dizziness, and slow and/or shallow breathing, as well as worsened breathing conditions such as COPD or asthma. Opioids can also cause constipation.
- **What to know:** Older patients should generally avoid opioids due to increased side effects and/or questionable effectiveness. Ask your doctor about safer alternative options.



For additional information, read this report from the National Institute on Drug Abuse: [Substance Use in Older Adults DrugFacts](#) 