

# Use the New Beers Criteria to Evaluate Med Use in Older Adults

You'll see **more focus on appropriate med use in adults over 65**...as the Beers Criteria from the Am Geriatrics Soc catch up with the evidence.

Continue thinking of these guidelines as a "yellow warning light" to use caution with some meds...NOT a "red stop sign" to always avoid them.

Expect to eventually see the changes reflected in payer alerts...and Medicare Part D quality measures, including an emphasis on polypharmacy.

Individualize care based on risks and benefits for your patient.

**Aspirin** now has an expanded caution in patients over 70 for PRIMARY prevention of CV disease or colon cancer. Bleeding risk seems to outweigh benefit in these patients, even with low-dose aspirin.

Don't recommend aspirin for most patients withOUT CV disease...and help these patients weigh pros and cons of stopping it.

**Glimepiride** joins glyburide as a sulfonylurea to generally avoid...due to higher risk of prolonged hypoglycemia in seniors. Instead, point to glipizide, since it's shorter-acting...and suggest a low starting dose.

Or consider other meds with our chart, *Drugs for Type 2 Diabetes*.

**Opioids** have updated cautions highlighting sedation and overdose risk when used with benzos, gabapentin, or pregabalin in older patients.

Advise limiting opioids...tapering off benzos if possible...and only using gabapentinoids for uses with good evidence (neuropathic pain, etc).

**SNRIs** (duloxetine, etc) join SSRIs and tricyclics as having concerns about fall risk in patients with a history of falls or fractures.

Don't shy away from SSRIs or SNRIs if needed for depression, anxiety, etc. But assess fall risk...and look for opportunities to deprescribe other meds linked to falls (benzos, opioids, zolpidem, etc).

**TMP/SMX** now has a caution about risk of hyperkalemia when combined with an ACEI or ARB in older patients with reduced kidney function.

Suggest switching antibiotics if possible...or checking potassium after 4 or 5 days of TMP/SMX.

Explore our updated chart, *Potentially Harmful Drugs in the Elderly*, for the full list...including harmful drug combos, renal dose adjustments, and alternatives to recommend during your comprehensive med reviews.

## Key References:

-J Am Geriatr Soc Published online Jan 29, 2019; doi:10.1111/jgs.15767

-Diabetes Care 2019;42(Suppl 1):S139-S147

-N Engl J Med 2018;379(16):1509-18

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