

Unit 8
ON-LINE CONTENT

Review the article on the 2023 updates to the Beers list. For purposes of this assignment, focus on the charts inside the article to answer the questions. Place your answers to the following questions in the Unit 8 Dropbox by 0800 on July 15, 2024.

In order to receive full credit for your time for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed theory time.

1. After reviewing the medications on the Beers List, choose three medications that surprised you they were on the list and discuss why?

3 meds that surprised me were Benadryl, amitriptyline, and omeprazole. These surprised me because Benadryl is a widely available over the counter and commonly used without realizing its potential risks in older adults. Amitriptyline is an antidepressant that are less commonly prescribed today due to newer, safer alternatives. Omeprazole is surprising because PPIs are commonly prescribed and perceived as safe for short-term use.

2. Are there any medications that are not on the list that you think should be added? If so which medications and why?

Some medications that I think should be added are benzodiazepines because they are known to cause sedation, confusion, and increased risk of falls in older adults. Long-term use can also lead to tolerance, dependence, and withdrawal symptoms. Sedative hypnotics can cause sedation, confusion, and increased risk of falls. There is growing concern about their overuse and potential for adverse effects in older adults. And NSAIDs because high doses or prolonged use of NSAIDs, including ibuprofen, can increase the risk of gastrointestinal bleeding, kidney dysfunction, and cardiovascular events in older adults.

3. When reviewing the section listing the medications that have been removed from the list on page 24, do any of the medications surprise you? If so, which one(s) and why?

I was surprised to see phenobarbital because it is an anticonvulsant which people need to treat seizures.

4. Think back to the patients you cared for over the past year on clinical. What medications have you administered that are on the Beers list?

Omeprazole: PPIs like omeprazole are used to treat GERD and peptic ulcer disease. They are listed on the Beers Criteria due to concerns about overuse and potential adverse effects such as increased risk of fractures, c-diff infection, and hypomagnesemia in older adults.

Amitriptyline: Tricyclic antidepressants were once commonly used for depression but are now less common due to their significant anticholinergic effects, sedative properties, and potential for cardiac toxicity. They are included on the Beers List because of their potential to cause confusion, dizziness, constipation, and increased risk of falls in older adults.

5. Have you noticed any of the patients experiencing side effects associated with the medications you administered that were on the Beers list? If so, what were they?

Benadryl: I have seen older adults may experience significant sedation, confusion, dry mouth, constipation, and urinary retention due to Benadryl's strong anticholinergic properties. These effects can increase the risk of falls and cognitive impairment.

Omeprazole: PPIs are known to cause adverse effects such as increased risk of fractures, Clostridium difficile infection, and hypomagnesemia in older adults. Fractures may result from decreased calcium absorption due to long-term PPI use. I have definitely seen some patients develop c-diff from taking this medication.

Amitriptyline: Tricyclic antidepressants like amitriptyline can lead to significant anticholinergic effects, including dry mouth, blurred vision, constipation, and urinary retention. Sedation and orthostatic hypotension are also common, which can increase the risk of falls in older adults. It is very common to see these effects with patients taking this.