

Unit 7
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 7 drop box by 0800 on July 7, 2025.

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?

A medication that surprised me on the Beers list was Insulin (sliding scale) because it is essential for management of diabetes. I would have never thought that it would increase the risk of hyperglycemia and doesn't really help keep blood sugar stable over time. Another medication that surprised me is Amitriptyline (Elavil) because as we learned in class, it is used to treat depression, and it can also help improve migraines and sleep. However, I remembered that it is highly anticholinergic, sedating, and causes orthostatic hypotension. Lastly, I was surprised by the presence of Clonidine on the Beers list. This medication seems so helpful in treating hypertension, ADHD, and withdrawal symptoms. However, through reviewing the Beers list, I have found that Clonidine potentiates a high risk for adverse CNS effects, causing bradycardia and orthostatic hypotension. Therefore, it is not recommended as routine treatment for hypertension.

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

I think that Zipradone (Geodon) should be on the Beers list because as an antipsychotic, it should be avoided in older adults with dementia-related psychosis, leading to an increased risk for death. This medication can also cause QT prolongation, so it is important to monitor ECG in high-risk patients. Another medication that I think should be added to the Beers list is Bupropion (Wellbutrin) due to its ability to impact seizure threshold in the body of those experiencing a head injury. In older adults, they are more at risk for hitting their head during a fall. This situation can cause an increased risk for seizures, making it unsafe.

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?

The medication, Thioridazine, surprised me because being a first-generation (typical) antipsychotic, it causes extrapyramidal symptoms (EPS). As we learned in class, these symptoms include increased tremors, tardive dyskinesia, and parkinsonism, which is more severe in older adults. Therefore, I think that this medication should be readded to the Beers list.

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?

Thinking over the past year during clinical, I have administered multiple medications that are on the Beers list to older adult patients. Examples include Ibuprofen, Warfarin, and Insulin (sliding scale).

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?

I have not seen many side effects experienced from these medications listed on the Beers list that I have administered, but I have for Warfarin. This medication is on the list due to its increased risk for bleeding, which can happen easily with older adults and their thinning skin. In my situation, I observed as an older adult was bleeding a little more than usual after discontinuing an IV catheter.