

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

One medication that surprised me was aspirin which is used for prevention of cardiovascular disease. As it has been used for heart health, seeing it listed as potentially unsafe for adults over 70 was unexpected. The 2023 Beers Criteria clarifies that the increased risk of major bleeding in this population outweighs the potential benefits when used for prevention. Another surprising medication was gabapentin, listed under the “use with caution” category. It is commonly prescribed for neuropathic pain and seizures and is often viewed as a safer alternative to opioids. In older adults, gabapentin can cause sedation, dizziness, and an increased risk of falls especially when used with other CNS depressants. I was also surprised to see digoxin, particularly at doses greater than 0.125 mg/day. It’s still used for heart failure and atrial fibrillation, but the Beers list criteria emphasizes its narrow therapeutic range and increased risk of toxicity in older adults, particularly those with impaired kidney function. This explains the importance of cautious dosing and close monitoring when being taken.

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

Diphenhydramine (Benadryl) is listed under first-generation antihistamines, but I believe it should be more explicitly flagged under over-the-counter medications that older adults commonly misuse for sleep. It also has strong anticholinergic effects, including confusion, dry mouth, and urinary retention that can be dangerous.

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?

Sliding scale insulin was removed as an “avoid” recommendation. This surprised me due to its association with poor glycemic control and hypoglycemia in older adults. Its removal could potentially reflect individualized risk assessment and insulin management practices.

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?

While I don’t recall the full list of medications I administered, I do remember giving warfarin, corticosteroids, and gabapentin, all of which are included on the Beers Criteria. Warfarin, which is effective but carries a higher risk of bleeding in older adults. Corticosteroids are noted for the potential to cause delirium, osteoporosis, and other complications with prolonged use. Gabapentin is listed

due to its potential to increase the risk of sedation and falls, particularly in combination with other CNS depressants.

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?

In my clinical experience over the past year, I have not observed any patients to whom I personally administered medications from the Beers list exhibit noticeable side effects.