



# Potentially Inappropriate OTC Medications for the Elderly: A List for Pharmacists

Classes/Medications to Avoid	Reasons for Recommendations
<p><b><u>Anti-Histamines</u></b></p> <ul style="list-style-type: none"> <li>•diphenhydramine</li> <li>•chlorpheniramine</li> <li>•doxylamine</li> </ul>	<ul style="list-style-type: none"> <li>•Antihistamines have potent anticholinergic properties.</li> <li>•Can lead to urinary retention and confusion/ heavy sedation, which can increase the risk of falls.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>•<i>For sleep:</i> Counsel on proper sleep hygiene</li> <li>•<i>For allergies:</i> Use 2<sup>nd</sup> Generation antihistamines: loratadine, fexofenadine.</li> </ul>
<p><b><u>Pain Relievers</u></b></p> <ul style="list-style-type: none"> <li>•NSAIDS (long term; high dose) (aspirin, ibuprofen, naproxen)</li> </ul>	<ul style="list-style-type: none"> <li>•May inhibit platelet aggregation resulting in an increased potential for bleeding.</li> <li>•May exacerbate existing ulcers or produce new/additional ulcers.</li> <li>•May exacerbate CHF or HTN.</li> <li>•Potential to cause acute renal failure.</li> </ul> <p><b>Recommendations:</b> Avoid long-term use at high doses. <b>Alternative</b> – acetaminophen</p> <ul style="list-style-type: none"> <li>•<b>APAP: Max dose 3-4g/day;</b> assure patient is not also taking Rx preparations containing APAP.</li> </ul>
<p><b><u>Long-term Use of Acid Suppressants</u></b></p> <p><b>Proton Pump Inhibitors (PPI):</b></p> <ul style="list-style-type: none"> <li>•lansoprazole</li> <li>•omeprazole</li> <li>•esomeprazole</li> </ul> <p><b>H2 Antagonists:</b></p> <ul style="list-style-type: none"> <li>•ranitidine</li> <li>•famotidine</li> <li>•cimetidine</li> </ul>	<ul style="list-style-type: none"> <li>•May interfere with calcium absorption leading to an increased risk of hip fracture and other bone related injuries.</li> <li>•PPIs may decrease serum concentrations of clopidogrel, leading to an increased risk of thrombosis.</li> <li>•<b>Cimetidine can increase the risk of confusion and other CNS effects.</b></li> </ul> <p><b>Recommendations:</b> Assure continuing need for PPI use and consult patient on duration of acid suppressant therapy (i.e 14-28 days, then visit M.D).</p> <p><b><u>Avoid overall use of cimetidine.</u></b></p> <ul style="list-style-type: none"> <li>•<b>Alternatives-</b> Tums®, Maalox®</li> </ul>

<p><b><u>Nasal Decongestants</u></b></p> <ul style="list-style-type: none"> <li>•oxymetazoline</li> <li>•phenylephrine</li> </ul>	<ul style="list-style-type: none"> <li>•Elderly population more prone to misuse due to misunderstanding of directions. Use &gt;3 days may lead to rebound congestion.</li> <li>•<b>Recommendation:</b> Counsel on correct use.</li> <li><b>Alternative</b> – Saline Nasal Sprays (Simply Saline®, Ocean Nasal Mist®, etc.)</li> </ul>
<p><b><u>Stimulant Laxatives</u></b></p> <ul style="list-style-type: none"> <li>•bisacodyl</li> <li>•sennosides</li> </ul> <p><b><u>Lubricant Laxatives</u></b></p> <ul style="list-style-type: none"> <li>•mineral oil</li> </ul>	<ul style="list-style-type: none"> <li>•Long-term use can exacerbate bowel dysfunction and may lead to dependence.</li> <li>•Assess for drug-induced constipation.</li> <li>•Mineral oil may produce oil seepage, decreases absorption of fat soluble vitamins, and accidental aspiration of mineral oil may occur.</li> </ul> <p><b>Recommendations:</b> Chronic use warranted in patients on long-term opiate pain regimen. First line treatment for constipation: fluid, exercise, and fiber. Can consider Miralax® on as needed basis.</p>
<p><b><u>Vasoconstricting Eye-drops</u></b></p> <ul style="list-style-type: none"> <li>•naphazoline/pheniramine</li> </ul> <p>(Visine-A®, Opcon-A®, Naphcon A®)</p>	<ul style="list-style-type: none"> <li>•Contraindicated in narrow angle glaucoma.</li> </ul> <p><b>Recommendations:</b> Assess patients' glaucoma; may be used in open angled glaucoma. <b>Alternative-</b> Lubricating eye drops containing saline (for dry eyes) (Refresh® products, etc.)</p>
<p><b><u>Caffeine-Containing Products</u></b></p> <ul style="list-style-type: none"> <li>•Excedrin®</li> <li>•No-Doz®</li> <li>•Vivarin®</li> </ul>	<ul style="list-style-type: none"> <li>•May potentiate sleep and cardiovascular issues.</li> </ul> <p><b>Recommendation:</b> Asses factors that may lead patient to use this medication. Assure drowsiness not due to side effects of other medications.</p>
<p><b><u>Oral Decongestants</u></b></p> <ul style="list-style-type: none"> <li>•pseudoephedrine</li> <li>•phenylephrine</li> </ul> <p>(Sudafed®, Sudafed PE®)</p>	<ul style="list-style-type: none"> <li>•May exacerbate cardiovascular side effects such as arrhythmia and hypertension.</li> </ul> <p><b>Recommendations:</b> Alternatives – saline nasal sprays, humidifiers, hydration.</p> <ul style="list-style-type: none"> <li>•Products such as Coricidin HBP® do not contain phenylephrine, but should be avoided due to chlorpheniramine component.</li> </ul>
<p><b><u>Iron Salts:</u></b></p> <ul style="list-style-type: none"> <li>•ferrous sulfate 325mg</li> </ul> <p><b>References:</b></p>	<ul style="list-style-type: none"> <li>•Doses &gt;325 mg daily may increase potential for constipation, but not significantly increase absorption.</li> </ul> <p><b>Recommendations:</b> Patient should speak with physician regarding amount of elemental iron needed. No more than 325mg of ferrous sulfate daily should be taken.  </p>

- Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR, Beers MH.Updating the Beers criteria for potentially inappropriate medication use in older adults: results of a US consensus panel of experts. Arch Intern Med. 2003;163:2716-2724.
- Center for Medicines & Healthy Aging. <http://www.medsandaging.org>. Accessed on 3/29/11