



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

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

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