



Beers Criteria Medications: Risks and Safety Options

Background

The American Geriatrics Society (AGS) Beers Criteria is a guideline identifying potentially inappropriate medications (PIMs) in older adults. Mercy Care Medicare Advantage members ≥ 65 years old were evaluated for use of medications on the Beers list.

The goal of this analysis was to identify which providers contributed the most to the top prescribed drug classes, to target interventions that improve medication safety and reduce expenditure.

Top Drug Classes	Risks/Concerns	Safer Alternatives / Recommendations
Anticonvulsants	Frequently prescribed off-label (neuropathy, mood disorders, pain). High risk when combined with opioids due to CNS depression and overdose potential.	Consider non-systemic options such as Lidocaine 5% topical patches or Topical Capsaicin for neuropathic pain. De-prescribe when possible.
Proton Pump Inhibitors	Chronic use (>8 weeks) linked to C. difficile infection, osteoporosis, kidney disease; Often continued without clear indication.	Consider H2-blockers (e.g., Famotidine) but monitor for delirium (low evidence). Review need(s) for H2-blockers regularly.
Thyroid Hormone	Desiccated thyroid extract (DTE) may cause variable T3/T4 levels. There are cardiac effects and arrhythmia risk concerns in older adults.	Levothyroxine (T4) is preferred therapy due to stable pharmacokinetics and better safety in elderly.
Antidepressants / Anxiety Agents	SNRIs and SSRIs are associated with falls, fractures, and hyponatremia, especially at initiation or dose change. Increased fall risk in elderly population.	Use the lowest effective dose and monitor sodium closely. Consider psychotherapy, non-drug interventions, or safer antidepressant options when appropriate.