Behavioral Health Services (BHS)

Quick Guide: Parameters for the Use of Psychotropic Medication in Older Adults

Adult and Older Adult Behavioral Health

2026

Quick Guide

I. Parameters for Psychotropic Medication in Older Adults

A. Purpose

This summary is limited to psychotropics, side effect medications and some medications used, off label, for psychiatric illnesses. Physicians are advised to look at potential effects of non-psychotropics (that patients are already on or get started on) in this context. **'Start low and go slow but go.'** is a rule of thumb.

B. Introduction

1. Beers Criteria was first developed in 1991 by Mark Beers, M.D. The intention is to accommodate physiological changes with aging and caution for side effects and drug-drug interactions.

2. The Beers Criteria statement, "Potentially inappropriate use in older adults," serves as a reminder for close monitoring and not necessarily as a contraindication when clinically appropriate.

3. In general, it is good to use non-pharmacological treatment when appropriate.

II. Medication-Specific Parameters

A. Anti-cholinergic and anti-Parkinsonian agents (e.g., diphenhydramine, hydroxyzine, benztropine, and trihexyphenidyl [Artane]).

1. Avoid using due to risk of confusion, delirium, dry mouth, constipation and toxicity.

B. Antipsychotics (both typical and atypical)

1. Avoid use for behavioral problems of neurocognitive disorders due to increased risk of Cerebrovascular Accident (CVA) and mortality.

2. Use non-pharmacological treatment as first line.

3. Antipsychotics are also listed under drug-syndrome interactions potentially causing delirium, cognitive impairments, Parkinsonian symptoms (except quetiapine, clozapine and pimavanserin), Syndrome of Inappropriate Antidiuretic Hormone secretion (SIADH), falls and fractures.

4. Chlorpromazine, thioridazine, and olanzapine: avoid use due to risk of bradycardia and/or syncope. Watch for orthostatic hypotension with quetiapine.

C. Alpha 1 blockers (e.g., Prazosin)

1. Avoid using due to risk of orthostatic hypotension and syncope.

D. Anti-depressants with high anti-cholinergic properties. (e.g., tricyclic antidepressants (TCAs) and paroxetine).

1. Avoid using due to risk of anticholinergic side effects, sedation, orthostatic hypotension, SIADH, syncope, risk of fall and fractures.

2. Also caution alongside Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs).

3. Use with caution along with mirtazapine due to SIADH and hyponatremia.

E. Benzodiazepines and non-benzodiazepine receptor agonist hypnotics ('Z drugs') (e.g., zaleplon, zolpidem, and eszopiclone).

1. Avoid using due to risk of older adults' increased sensitivity to benzodiazepines. Decreased metabolism of long-acting agents, increased cognitive impairment, delirium, falls, fractures, and motor vehicle accidents.
2. Consider sleep hygiene; melatonin (in some cases).
3. Consider CBT-I (cognitive behavioral therapy for insomnia) or SSRIs for anxiety.

F. Acetylcholinesterase inhibitors (e.g., Aricept).

1. Monitor for bradycardia or syncope.

G. Mood stabilizers

1. Avoid using carbamazepine and oxcarbazepine due to fall risk and SIADH.

III. Drug-Drug interactions

A. Opioids and benzodiazepines - increased overdose risk.

B Opioids and gabapentin and/or pregabalin - increased respiratory depression and overdose risk.

C TCAs, SSRIs, SNRIs, antipsychotics, antiepileptics, benzodiazepines, 'Z-drugs', and opioids.

1. Avoid using 3 or more of these Central nervous system (CNS) active drugs due to increased risk of falls and fractures.

D. Lithium with ACEIs (angiotensin converting enzyme inhibitors) and/or loop diuretics - increased lithium toxicity.

IV. Creatinine clearance (ml/min) recommendations

A. <30 avoid using duloxetine (GI side effects)

B. <60 reduce dose of gabapentin (CNS depression)

C. <80 reduce dose of levetiracetam [Keppra] (CNS depression) and pregabalin (off label)

References:

2023 AGS Berrs Criteria (American Geriatric Society, 2023).

AGS Beers Criteria Alternatives List, published in late 2025.