The Beers Criteria was created to assist healthcare professionals in recognizing which medications may present more risks than benefits to adults ages 65 and older. The guidance is recommended to pertain to adults in any setting, other than those who are in hospice or receiving end-of-life care. Ultimately, the goal is to help providers select safe medications, but the recommendations are not intended to substitute for shared clinical decision-making. Please see below for notable changes made in the 2023 Updated Beers Criteria.

### TABLE 2 - POTENTIALLY INAPPROPRIATE MEDICATION USE IN OLDER ADULTS

<table>
<thead>
<tr>
<th>Medication</th>
<th>Changes</th>
</tr>
</thead>
</table>
| **Aspirin** (moved from caution to potentially inappropriate) | • Avoid initiation for primary prevention  
• Consider deprescribing if already taking for primary prevention |
| **Warfarin** (added to list) | • Avoid starting as initial therapy for nonvalvular atrial fibrillation or venous thromboembolism unless alternatives (i.e. DOACS) are contraindicated or substantial barriers to use are present (i.e. cost) |
| **Rivaroxaban** (added to list) | • Avoid use for long-term treatment of nonvalvular atrial fibrillation and venous thromboembolism  
• Higher risk of major and gastrointestinal bleeding in older adults than other DOACs  
• Could be considered in select patients where once daily dosing is necessary to facilitate appropriate adherence |
| **Sulfonylureas** (expanded to include all sulfonylureas) | • Associated with higher risk of cardiovascular events, all-cause mortality and hypoglycemia  
• Avoid use unless there are substantial barriers to other safer and more effective agents  
• If a sulfonylurea is used, choose a short-active agent (glipizide) |
| **Proton Pump Inhibitors** | • Added pneumonia and gastrointestinal malignancies to risks of therapy |
| **Digoxin** (for 1st line treatment of atrial fibrillation or heart failure) | • Added language to use caution when discontinuing in patients with HFrEF |
### TABLE 3 - DRUG-DISEASE INTERACTIONS

**Dronedarone**
- Updated recommendation to use with caution in patients with HFrEF with less severe symptoms (NYHA class I or II)

**Dextromethorphan-quinidine**
- Added to medications to be avoided in heart failure

**Opioids**
- Added to medications that can exacerbate delirium

**Anticholinergics**
- Added to medications to avoid in patients with a history of falls or fractures

### TABLE 4 - POTENTIALLY INAPPROPRIATE MEDICATIONS TO BE USED WITH CAUTION IN OLDER ADULTS

**Sodium-glucose co-transporter-2 inhibitors (SGLT2i)**
- Increased risk of urogenital infection and euglycemic diabetic ketoacidosis

**Ticagrelor**
- Added due to risk of major bleeding in older adults

**Prasugrel**
- Consider using a lower dose (5mg) in patients 75 years of age and older

**Trimethoprim-sulfamethoxazole**
- Increased risk of hyperkalemia when used with ARNI

### TABLE 5 - DRUG-DRUG INTERACTIONS THAT SHOULD BE AVOIDED IN OLDER ADULTS

- Highlights risks associated with use of multiple concurrent anticholinergic agents
- Added skeletal muscle relaxants to the list of CNS-active drugs that should be limited to less than 3
- Added ARBs and ARNIs to list of drugs to be avoided in patients taking lithium
- Added SSRIs to list of drugs to be avoided with warfarin when possible
**TABLE 6 - RENAL DOSING**

- Baclofen added to avoid use with eGFR < 60 mL/min due to increased risk of encephalopathy, however, if needed, use at the lowest effective dose possible
- NSAIDs were removed from Table 3 and added to Table 6
- Rivaroxaban recommendations were specified to include renal dosing based upon indication
- Removed criterion to avoid use of apixaban in patients with CrCl < 25 mL/min given the new clinical evidence that supports use at reduced renal function

**DEPRESCRIBING TIPS**

- Reconcile all medications according to indication
- Consider overall risk of drug-induced harm*
- Assess medication eligibility for deprescribing^*
- Prioritize which medications to address first
- Implement deprescribing strategy and monitoring plan

*Drug factors = total number of drugs, use of high-risk drugs, past or present toxicities; Patient factors = age, cognitive impairment, comorbidities, multiple prescribers, adherence

^Potential or actual harm > benefit, no valid indication, ineffective, therapy completed, part of prescribing cascade, treatment burden, safer alternatives

References for this handout are available upon request.