2023 BEERS CRITERIA UPDATES

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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

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

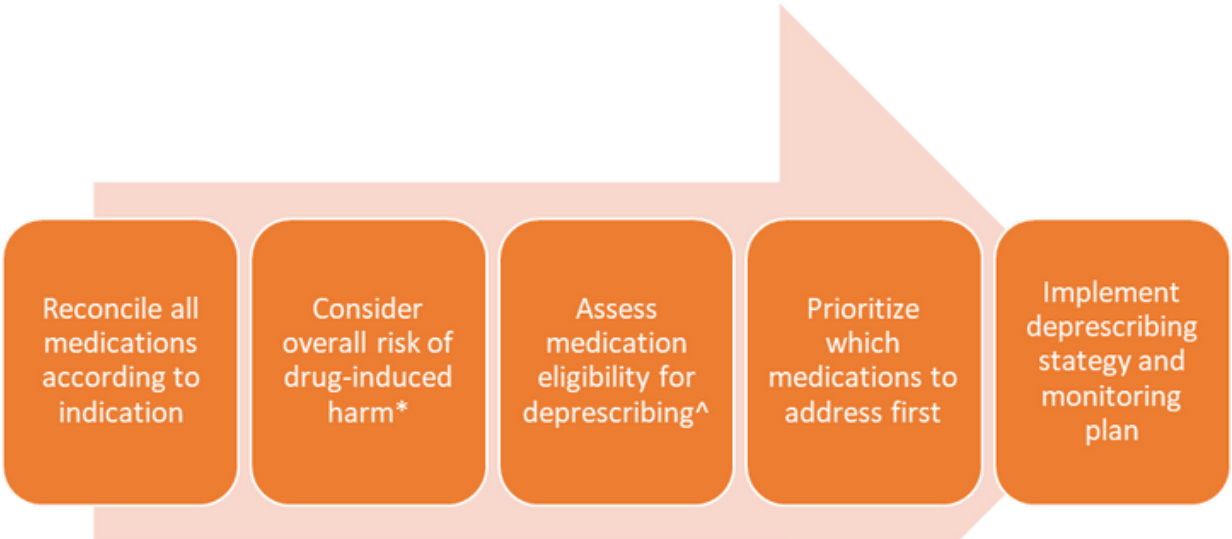
Removed criterion to avoid use of apixaban in patients with CrCl < 25 mL/min given the new clinical evidence that supports use at reduced renal function

KEY RESOURCES

Pocket Card to Purchase

Full Guideline

DEPRESCRIBING TIPS



*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.