

Potentially Inappropriate Medications for Older People

Beers Criteria

A list of potentially inappropriate medications (PIMs) was developed and published by Mark H. Beers and colleagues for nursing home residents in 1991 and was subsequently expanded and revised to include all settings of geriatric care. The most recent update is from the American Geriatrics Society. Studies have shown a strong link between the medications listed in the Beers Criteria and poor patient outcomes. Furthermore, research has shown that a number of PIMs have limited effectiveness in older adults and are associated with serious problems such as delirium, gastrointestinal bleeding, falls, and fracture.

In addition to identifying drugs for which safer pharmacological or non-pharmacological alternatives are available, addressing these PIMs may also reduce the total number of medications that geriatric patients are prescribed. For a printable pocket card, app, and other resources related to the BEERS criteria, go to:

http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012

STOPP Criteria (Screening Tool of Older Persons' potentially inappropriate Prescriptions)

The STOPP criteria are significantly associated with adverse drug events in older people with an acute illness. STOPP places special emphasis on potential adverse drug-drug interactions and duplicate drug class prescriptions. These PIMs include a prioritized list to assist the prescriber or medication reviewer in minimizing drug-related adversity.

[Hamilton H, Gallagher P, Ryan C, Byrne S, O'Mahony D. Potentially inappropriate medications defined by stopp criteria and the risk of adverse drug events in older hospitalized patients. Arch Intern Med. 2011;171\(11\):1013-1019.](#)

[doi:10.1001/archinternmed.2011.215](https://doi.org/10.1001/archinternmed.2011.215). The STOPP criteria and Beers criteria have several areas of overlap. Both sets of criteria emphasize the higher risk of adverse drug reactions and events in older people with use of long-acting benzodiazepines, tricyclic antidepressants, anticholinergic drugs, and non-cyclooxygenase 2-selective nonsteroidal anti-inflammatory drugs. Both sets of criteria also focus on several common potential adverse drug-disease interactions in older people.