



# CATCH-ON

A HRSA GERIATRIC WORKFORCE ENHANCEMENT PROGRAM  
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## Medication References

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## High Risk Medication Classes and Medication Examples\*\*\*

High Risk Medication Class	Commonly Used Medication Examples***	
Alpha 1 blockers	doxazosin, prazosin, terazosin	
Antiarrhythmic drugs	amiodarone, dronedarone	
Antiparkinson agents	benztropine, trihexyphenidyl	
Antipsychotic agents (atypical and conventional)	chlorpromazine clozapine haloperidol loxapine	olanzapine perphenazine thioridazine trifluoperazine
Antispasmodics	atropine (not ophthalmic) belladonna alkaloids clidinium-chlordiazepoxide dicyclomine homatropine (not ophthalmic)	hyoscyamine propantheline scopolamine (not ophthalmic)
Benzodiazepines	alprazolam chlordiazepoxide clobazam clonazepam clorazepate diazepam estazolam	flurazepam lorazepam midazolam oxazepam quazepam temazepam triazolam
Muscle relaxants	carisoprodol chlorzoxazone cyclobenzaprine	methocarbamol orphenadrine
Cardiac glycoside	digoxin	
CNS acting alpha agonist	clonidine guanfacine	metyldopa reserpine
Hypertensive agents	nifedipine immediate release	
Long acting sulfonylureas	glimepiride, glyburide	
Nonbenzodiazepine hypnotics	eszopiclone, zalepon, zolpidem	
Nonsteroidal Anti-Inflammatory Drugs	diclofenac ibuprofen meloxicam	nabumetone piroxicam tolmentin
Tricyclic antidepressants	amitriptyline clomipramine desipramine doxepin	imipramine nortriptyline protriptyline trimipramine
Sedating antihistamines	brompheniramine carbinoxamine chlorpheniramine clemastine cyproheptadine	dimenhydrinate diphenhydramine doxylamine hydroxyzine meclizine
Urinary anti-infective agent	nitrofurantoin	

\*\*\*This listing is not meant to be all-inclusive, see drug prescribing information for fullest consideration.



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## Additional Internet-Based Links

### **Guidelines on Potentially Inappropriate Medications in Older Adults**

1. American Geriatrics Society Beers Criteria  
<https://onlinelibrary.wiley.com/doi/10.1111/jgs.15767>
2. STOPP/START Criteria  
<https://academic.oup.com/ageing/article/44/2/213/2812233>

### **General Approach and Stepwise Approach to Deprescribing**

1. Overview - Reducing Polypharmacy: A Logical Approach  
<https://www.ti.ubc.ca/2014/09/02/reducing-polypharmacy-a-logical-approach/>
2. Review - Stepwise Approach to Deprescribing  
<https://www.ncbi.nlm.nih.gov/pubmed/24661192>

### **Deprescribing Networks and Institutes**

1. United States - <https://deprescribingresearch.org/>
2. Canadian - <https://www.deprescribingnetwork.ca/>
3. Australian - <https://australiandeprescribingnetwork.com/au/>
4. English - <https://www.sps.nhs.uk/networks/english-deprescribing-network/>
5. Bruyere Research Institute - <https://deprescribing.org/>
6. Lown Institute - <https://lowninstitute.org/projects/medication-overload-how-the-drive-to-prescribe-is-harming-older-americans/>

### **Resources for Patients, Consumers and Caretakers**

1. National Library of Medicine – Medline Plus (Drug Look-up)  
<https://www.nlm.nih.gov/medlineplus/>
2. Health in Aging Foundation – (Medications Safety Tip Sheets)  
<https://www.healthinaging.org/medications-older-adults>
3. Health in Aging Foundation – (Age-Friendly Healthcare Tip Sheets)  
<https://www.healthinaging.org/age-friendly-healthcare-you>