Drugs

Antipsychotic drugs
The most common typical antipsychotic medications include drugs like haloperidol, chlorpromazine, perphenazine, and prochlorperazine. Typical antipsychotics may cause sedation, dizziness, hypotension, blurred vision, lethargy and confusion because of which they are not commonly used in the elderly today. Atypical antipsychotics seen for use in the elderly include, aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, risperidone and ziprasidone. Side effects for these medications are similar to the typical antipsychotics but also include increase risk of stroke and falls, akathisia, dystonia, anxiety, agitation, and increased pain. Atypical antipsychotic medications may also cause orthostatic hypotension, so should be used with caution in patients at risk for this effect or in those who would not tolerate hypotensive episodes.

Psychotropic Medications and Falls and Fracture Risk According to Hill and Wee (2012) "Use of any psychotropic medication by older people living in the community has been shown to increase the risk of falling, after adjusting for potential confounders, by 47%. Those taking two or more psychoactive drugs have a further increased risk of falling compared with those taking one of these drugs." (p. 18-19)


Anticonvulsant drugs
These medications are also known as antiepileptics and are classified using subcategories. Most commonly seen prescribed include: Benzodiazepines (clonazepam, diazepam, lorazepam), Carboxamides (carbamazepine), GABA analogs (gabapentin, pregabalin), Hydantoins (phenytoin), Oxazolidinediones (paramethadione, trimethadione), Pyrimidinediones (primidone), Pyrrolidines (levetiracetam), Triazines (lamotrigine) and Valproylamides (valpromide). Side effects common to these medications include asthenia, somnolence, ataxia, dizziness, diplopia, drowsiness and hypotension.

Anticholenergic drugs
This class of medication includes benztropine, ipratropium, tiotropium, glycopyrrolate, oxybutynin, tolterodine, diphenhydramine, and dimenhydrinate. Side effects can include dizziness, light headedness, anxiety, CV collapse, hypertension and dehydration.

Antidepressant drugs
Antidepressants can also be a risk factor for the elderly. Amitriptyline/Elavil Doxepin/Sinequan, Imipramine/Tofrnil, Desipramine/Norpramin, Protriptyline/Vivactil, Nortriptyline/Pamelor, Trazodone/Desyrel, Fluoxetine/Prozac


Other
Hypertension drugs are also an important consideration. These drugs can reduce a patient’s blood pressure to a level that causes dizziness. Pain medications can also cause confusion or a drop in blood pressure. Sleeping pills should be used rarely and judiciously, especially in the elderly.

Another Reference for medications that are contraindicated in the elderly is the Beer's List a copy of this can be found at:
http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012