



**Beers Criteria
for Potentially Inappropriate Medication Use in
Older Adults - Adult -
Inpatient/Ambulatory/Emergency Department
External Clinical Practice Guideline
Endorsement**

Note: Active Table of Contents – Click each header below to jump to the section of interest

Table of Contents

INTRODUCTION 3

SCOPE 3

REFERENCES..... 5

Content Expert(s):

Name: Luiza Brenny, PharmD – Pharmacy; Geriatrics and Primary Care

Email Address: lbrenny@uwhealth.org

Contact for Changes:

Name: Drug Policy Program

Email Address: DrugPolicyProgram@uwhealth.org

Guideline Author(s):

Jessica Zebracki, PharmD – Pharmacy; Medication Management

Erin Robinson, PharmD – Drug Policy Program

Workgroup Members:

Luiza Brenny, PharmD – Pharmacy

Ann Braus, MD – Geriatric Medicine

Elizabeth Chapman, MD – Geriatric Medicine

Melissa Dattalo, MD – Geriatric Medicine

Alexis Eastman, MD – Geriatric Medicine

Kerry Goldrosen, PharmD – Pharmacy

Jessica Zebracki, PharmD – Pharmacy

Committee Approval(s):

IP/OP Informatics Champions Committee – (11/01/2022)

Pharmacy & Therapeutics Committee – (6/15/2023)

Plan for Review:

The guideline will be reviewed with each update to the Beers Criteria or once every three years, whichever is less.

Introduction

Geriatric patients have an increased risk of adverse effects from medications due to polypharmacy, age-related pharmacodynamic changes, and other factors related to their complexity of care. Over-prescribing has been reported to cause adverse medication events in up to 35% of outpatients, 40% of inpatients, and 10% of emergency room visits for elderly patients.¹ The American Geriatric Society (AGS) has created a systematic review of medication related problems and adverse events in patients 65 years of age or older.² Prescribing recommendations are multi-factorial and indicate scenario-specific criterion as required.

UW Health has agreed to endorse the AGS 2023 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.²

UW Health critically appraises an external guideline with the AGREE-II instrument to assess whether the guideline was developed with an evidence-based process with efforts to limit sources of bias. Endorsement decisions on medication therapy-focused guidelines are ultimately approved by the Pharmacy & Therapeutics Committee. The AGREE tool was not used by the workgroup to appraise the AGS Beers Criteria Guideline because it is a well-respected national guideline and is widely regarded as the gold standard resource for identifying and addressing potentially problematic medications in older adults.

Scope

- The clinical practice guideline provides recommendations for best practices to avoid potentially inappropriate medications in geriatric patients. Recommendations address drug-drug interactions, medications that should be used with caution for certain disease states and conditions, and medications that increase risk of adverse drug events
- The criteria are intended for use in adults aged 65 years and older in all ambulatory, acute, and institutionalized settings of care, except for the hospice and palliative care settings
- Intended users of this guideline at UW Health are physicians, advanced practice providers, nurses, and pharmacists

Disclaimer

Clinical practice guidelines assist clinicians by providing a framework for the evaluation and treatment of patients. This guideline outlines the preferred approach for most patients. It is not intended to replace a clinician's judgment or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

Conflicts of Interest

A conflict of interest declaration must be signed/submitted by guideline workgroup and/or committee members to ensure balance, independence, objectivity, and scientific rigor in activities pertaining to the guideline development process. Guideline members must complete a conflict of interest statement annually or as new interest(s) arises. Potential, current and planned future, conflicts of interest will be identified and managed in accordance with institutional policies and procedures. This may include, but is not limited to, conflict disclosure, abstaining from voting, dismissal during comment and voting period, or recusal from requesting and/or participation in the decision-making process.

Collateral Tools & Resources

The following collateral tools and resources support staff execution and performance of the evidence-based guideline recommendations in everyday clinical practice.

Guideline Metrics

1. Average number of concurrently prescribed or ordered patient medications
2. % of patients aged 65 years and older who experience medication adverse drug events, including but not limited to: falls/fractures, constipation, depression, confusion and incontinence

Sidebar/Summary Reports

1. UWRX Beers Criteria Inpatient Medications [2000277]
2. UWRX Beers Criteria Outpatient Medications [2000277]

References

1. Maher RL, Hanlon J, Hajjar ER. Clinical consequences of polypharmacy in elderly. *Expert Opinion on Drug Safety*. 2014;13(1):57-65. doi:10.1517/14740338.2013.827660
2. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*. 2023;doi:10.1111/jgs.18372

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