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Leading Change. Improving Care for Older Adults.

AGS Section

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For older people, medications are common; an updated AGS Beers Criteria[®] aims to ensure they are appropriate, too



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As geriatrics health professionals, we are no strangers to the adage that “wisdom grows with age.” Our patients—and particularly the stories they have to share, so often the reason for our commitment to working with older adults—certainly bear witness to that. And I think the same adage applies to our discipline, too. As geriatrics has grown and expanded since the 1940s, so too have the principles, practices, and options available to us and our patients—treatments and interventions that can help us all make the most of increased longevity.

Medications are an important part of that mix, and they have been used with increasing frequency as new options become available. Today, for example, more than 90% of older people use at least one prescription in any given month; more than 66% of older people, in fact, have used three or more prescriptions in the past 30 days.¹

In light of these facts, our role as geriatrics health professionals is two-fold: We need to work with our patients and their caregivers to assess the range of treatment options at their disposal, and we need to bring to those conversations expert knowledge about which options are the safest, most effective, and most likely to support person-centered care. That is where tools like the American Geriatrics Society (AGS) Beers Criteria[®] for Potentially Inappropriate Medication Use in Older Adults become so important.^{2,3}

Earlier this year, the AGS unveiled its latest update to the AGS Beers Criteria[®], one of geriatrics' most frequently cited reference tools (frequently cited for good reason!). The AGS Beers Criteria[®] includes lists of certain medications worth discussing with health professionals because they may not be the safest or most

appropriate options for older adults.² Though not an exhaustive catalogue of inappropriate treatments, the five lists included in the AGS Beers Criteria[®] describe particular medications with evidence suggesting they should be:

1. Avoided by most older people (outside of hospice and palliative care settings);
2. Avoided by older people with specific health conditions;
3. Avoided in combination with other treatments because of the risk for harmful drug-drug interactions;
4. Used with caution because of the potential for harmful side effects; or
5. Dosed differently or avoided among people with reduced kidney function.²

For our newest update to this critical tool, a panel of 13 experts convened by the AGS reviewed more than 1400 clinical trials and research studies published between 2017 and the last update in 2015.² It is our hope that synthesizing this new information on what makes medications appropriate for older people will help our nurses, doctors, pharmacists, physician assistants, social workers, and so many other colleagues advance treatments that meet the needs of older individuals while also keeping them as safe as possible.

Across its five lists, the 2019 AGS Beers Criteria[®] now includes:

- **30 individual medications or medication classes to avoid for most older people.**²
- **40 medications or medication classes to use with caution or avoid when someone lives with certain diseases or conditions.**²

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- **Several changes to medications previously identified as potentially inappropriate.**² Twenty-five medications or medication classes were dropped outright from the last update to the AGS Beers Criteria[®] in 2015, while several others were moved to new categories or had guidance revised based on new evidence.²

Importantly, companion tools released with the 2019 update include an expanded editorial outlining the proper use of the AGS Beers Criteria[®], particularly when it comes to two important priorities the AGS Beers Criteria[®] helps shape: Safe prescribing practices at the bedside and the development of quality measures for evaluating health care.^{2,3}

The AGS Beers Criteria[®] aims to guide older people and health professionals away from potentially harmful treatments while helping us assess quality of care, for example, but it should never solely dictate how medications are prescribed, nor should it justify restricting health coverage.³ This tool works best as a starting point for a discussion—one guided by personal needs and priorities as we age.³

Published in its entirety in the *Journal of the American Geriatrics Society*, the AGS Beers Criteria[®] also includes a host of other resources—from mobile apps to a pocket reference card—to help clinicians implement prescribing recommendation. Many of these tools are available for free or with discounted pricing to AGS members via [GeriatricsCareOnline.org](https://www.geriatricscareonline.org). The AGS Beers Criteria[®] is also complemented by tools to aid older adults and caregivers in understanding what “potentially inappropriate” medications mean, all available for free from [HealthinAging.org](https://www.healthinaging.org).

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