

Class	Adverse Effects	Notes and Alternatives
Analgesics: <ul style="list-style-type: none"> • Meperidine (Demerol) • Codeine 	Meperidine: Confusion, convulsions, tremors, myoclonus Codeine: Pro-drug with cytochrome P450 enzyme conversion to morphine that can vary between patients leading to variable levels of morphine and unpredictable half-life.	Acetaminophen (<4gm/day), tramadol, trisalicylate, morphine, hydrocodone, oxycodone, hydromorphone (<i>Dilaudid</i>)
Antihistamines: Brompheniramine (<i>Bromfed</i>) <ul style="list-style-type: none"> • Cetirizine (<i>Zyrtec</i>) • Dimenhydrinate (<i>Dramamine</i>) • Diphenhydramine (<i>Benadryl</i>) • Hydroxyzine (<i>Vistaril, Atarax</i>) • Loratadine (<i>Claritin</i>) • Meclizine (<i>Antivert</i>) 	Anti-cholinergic, highly sedating, delirium, cognitive decrease, especially in first generation antihistamines.	Consider use of loratadine or cetirizine. Although anti-cholinergic side effects can still be seen.
Antispasmodics <ul style="list-style-type: none"> • Scopolamine 	Highly anticholinergic	Avoid
Benzodiazepines, anxiolytics: Short Acting: <ul style="list-style-type: none"> • Alprazolam (Xanax) • Estazolam (ProSom and Eurodin) • Lorazepam (Ativan) • Oxazepam (Alepan and Medopam) • Temazepam (Restoril and Normison) • Triazolam Long acting: <ul style="list-style-type: none"> • Clorazepate • Chlordiazepoxide • Chlordiazepoxide amitriptyline • Clidinium-chlordiazepoxide • Clonazepam • Diazepam (Valium) • Flurazepam (Dalmane) 	Increased risk of cognitive impairment, delirium, falls, fractures, and motor vehicle accidents in older adults	Avoid for treatment of insomnia, agitation or delirium. If necessary, consider lorazepam or oxazepam (<i>lowest dose, shortest duration of therapy possible</i>)
Histamine-2 receptor antagonists <ul style="list-style-type: none"> • Cimetidine (Tagamet) • Famotidine (Pepcid) • Ranitidine (Zantac) 	May have anti-cholinergic effects such as antihistamines. Also, may alter cytochrome P450 pathway.	Proton pump inhibitors. Consider omeprazole (<i>Prilosec</i>) and lansoprazole (<i>Prevacid</i>)
Non-steroidal anti-inflammatory (NSAIDs): <ul style="list-style-type: none"> • Ibuprofen • Indomethacin • Ketorolac (Toradol) • Naproxen (Aleve) • Piroxicam (Feldene) 	Increases risk of GI bleeding/peptic ulcer disease in geriatric patients. Concurrent oral or parenteral corticosteroids, anticoagulants, or antiplatelet agents also increase risk.	Acetaminophen (<4gm/day), tramadol, trisalicylate, morphine, hydrocodone, oxycodone, hydromorphone (<i>Dilaudid</i>)

