The Ipswich Hospital NHS
NHS Trust

Medication and Falls Risk

Group	Common Drug Names	Contributing Factors	Possible Actions for Prescribers
Sedatives and hypnotics	Temazepam, diazepam, lorazepam, nitrazepam Zopiclone, Zolpidem, chlordiazepoxide, chloral betaine (Welldorm), clomethiazole	Orthostatic hypotension (OH), sedation which can last into the next day, lightheadedness, slow reactions, impaired balance, confusion	• Stop if possible • Long term use will need slow, supervised withdrawal • Do not start
Antipsychotics	Chlorpromazine, haloperidol, lithium, promazine, trifluoperazine, quetiapine, olanzapine, risperidone	orthostatic hypotension, confusion, drowsiness, slow reflexes, loss balance. Long term use - Parkinsonian symptoms.	• Review indication and stop if possible (may need specialist opinion/support) • Reduce dose/frequency if unable to stop
Antidepressants	**Tricyclics** - amitriptyline, dosulepin (Dothiepin), imipramine, lofepramine Other sedating – trazadone, mirtazepine **SnRI** – venlafaxine and **MAOI** **SSRI** – citalopram, fluoxetine, sertraline	Drowsiness, blurred vision, dizziness, orthostatic hypotension, constipation, urinary retention Doubles risk of falls	• Review indication (do not use amitriptyline as night sedation) • Stop if possible, may need slow supervised withdrawal • Populations studies show increased falls risk with SSRI but mechanism unclear, probably safest class to use • Consider specialist referral if more advice needed
Drugs with anticholinergic side effects	Procyclidine, trihexyphenidyl (Benzhexol), prochlorperazine, oxybutynin, tolterodine, solifenacin tricyclic antidepressants (see above)	Dizziness, blurred vision, retention of urine, confusion, drowsiness, hallucinations.	• Review indication • Reduce dose or stop if possible
Drugs for Parkinson's disease	Co-beneldopa, co-careldopa, rotigotine, amantadine, entacapone, selegiline, rivastigmine.	Sudden daytime sleepiness, dizziness, insomnia, confusion, low blood pressure, orthostatic hypotension, blurred vision.	• Check L&S BP, drugs and PD itself can cause OH • Poorly controlled PD can cause falls • It may not be possible to change the medication • Do not change treatment without specialist advice
Vestibular Sedatives	**Phenothiazines** – prochlorperazine **Antihistamines**- cinnarazine, betahistine	Movement disorder with long term use Sedating, orthostatic hypotension	• Do not use long term – no evidence of benefit
Cardiovascular drugs	**ACE inhibitors/Angiotensin-II antagonists** Ramipril, lisinopril, captopril, irbesartan, candesartan **Vasodilators** - Hydralazine **Diuretics -** bendroflumethiazide, bumetanide, indapamide, furosemide, amiloride, spironolactone, metolazone. **Beta-blockers -** Atenolol, bisoprolol, carvedilol, propranolol, sotalol **Alpha-blockers - d**oxazosin, alfuzosin, terazosin, tamsulosin	Low blood pressure, orthostatic hypotension, dizziness, tiredness, sleepiness, confusion, hyponatraemia, hypokalaemia Bradycardia, hypotension, orthostatic hypotension, syncope	• Check L&S BP • Review indication, use alternative if possible, especially for alpha blocker • Reduce dose if possible Symptomatic OH + LVF – if *systolic* LVF then try to maintain ACEi and β Blocker as survival benefit clear. Stop nitrates, CCB, other vasodilators and if no fluid overload reduce or stop diuretics. • Seek specialist advice if needed
Analgesics	Codeine, tramadol. Opiates – morphine, oxycodone.	Drowsiness, confusion, hallucinations, orthostatic hypotension, slow reactions	• Start low, go slow, review dose and indication regularly
Anti-epileptics	Carbamazepine*, phenytoin*, phenobarbitone*, primidone* sodium valproate*, gabapentin lamotrigine, topiramate, levatiracetam, pregabalin	Unsteadiness & ataxia if levels high Phenytoin – permanent cerebellar damage and unsteadiness in long term use Newer agents – insufficient data regarding falls risk	• Consider indication (many used for pain or mood) • May need specialist review • *Consider Vitamin D supplements for at risk patients on long term treatment with these drugs

Never stop or withhold medication without agreement from the medical team