

## Medication use leading to emergency department visits for adverse drug events in older adults.

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Budnitz DS, Shehab N, Kegler SR, et al. Medication use leading to emergency department visits for adverse drug events in older adults. *Ann Intern Med.* 2007;147(11):755-765.

<https://psnet.ahrq.gov/issue/medication-use-leading-emergency-department-visits-adverse-drug-events-older-adults>

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The [Beers criteria](#) define certain classes of medications (such as long-acting sedatives and anticholinergics) that are considered "always potentially inappropriate" for geriatric patients, and a recent [trial](#) demonstrated a reduction in [adverse drug events](#) (ADEs) with an intervention targeting prescribing of these medications. However, many elderly patients require medications that are risky but potentially beneficial if used properly. This analysis of emergency department (ED) visits found that nearly 50% of ED visits due to ADEs were related to medications not considered inappropriate according to the Beers criteria—principally, oral anticoagulants (eg, warfarin), antidiabetic agents (eg, insulin), and antiplatelet agents (aspirin and clopidogrel). The authors argue that focusing on improving prescribing safety for these necessary but higher-risk medications may reduce the large [burden](#) of ADEs in the elderly to a greater extent than focusing on use of Beers criteria medications.