

Medications can be linked to injuries as we age

Take action to stay safe and independent

Injuries from falls and car crashes are more common as we age. Adults ages 65 and older can be at greater risk of a fall or car crash if they use a medication that has side effects such as dizziness, blurry vision, or slowed reaction time.

As we age, our bodies process medications differently. A prescription or over-the-counter (OTC) medication that worked well in the past could start causing side effects now or in the future. Older adults are also more likely to take multiple medications. **Taking five or more medications further increases the chances of side effects.**

Talk with your health care provider (such as a community health aid, doctor, pharmacist, nurse, nurse practitioner, or physician assistant) about any medications you take that may increase your risk of falling or having a car crash. Your health care provider can help you make any changes needed to stay safe and independent.



3 out of every 4 older adults take at least one medication commonly linked to falls or car crashes.



Do not stop taking your medications without first talking to your health care provider.



Below are some examples of medication categories that can increase the risk of falls or car crashes. Also listed are some examples of medications* within those categories.

This is not a complete list of all medications that may increase risk.

Opioid or narcotic pain medications:

- Oxycodone (OxyContin, Percocet)
- Hydrocodone (Vicodin)
- Tramadol (Ultram)

Medications for depression or mood:

- Paroxetine (Paxil)
- Amitriptyline (Elavil)

Anti-anxiety medications:

- Diazepam (Valium)
- Alprazolam (Xanax)
- Lorazepam (Ativan)

Muscle-relaxing medications:

- Methocarbamol (Robaxin)
- Cyclobenzaprine (Flexeril)

OTC allergy and motion sickness medications:

- Diphenhydramine (Benadryl)
- Dimenhydrinate (Dramamine)
- Meclizine (Bonine)
- Hydroxyzine (Vistaril)

Medications for bladder control:

- Oxybutynin (Ditropan)
- Tolterodine (Detrol)

Anti-psychosis or mood stabilizing medications:

- Haloperidol (Haldol)
- Risperidone (Risperdal)
- Quetiapine (Seroquel)
- Gabapentin (Neurontin)

High blood pressure/heart medications:

- Metoprolol (Toprol)
- Clonidine (Catapres)
- Furosemide (Lasix)
- Lisinopril (Zestril)

Prescription and OTC sleep aids:

- Zolpidem (Ambien)
- Eszopiclone (Lunesta)
- Doxylamine (Unisom)
- Diphenhydramine (ZzzQuil, Tylenol PM)

Effects of alcohol or illicit drugs can increase the risk of falls and car crashes at any age. These effects may be even more dangerous for older adults. Alcohol and illicit drugs may also interact with medications we take.

What are some side effects to look for?

- Blurry vision
- Daytime fatigue
- Drowsiness
- Fainting or passing out
- Lightheadedness
- Loss of balance
- Muscle weakness
- Slowed reaction time
- Trouble concentrating or problem solving

***NOTE:** Common, *but not all*, brand names are listed in parentheses after the generic name. For example, Valium is one brand name version of the generic medication diazepam.

How can I reduce my risk of falling or having a car crash?

- Use the **MyMedications List** to make a list of the medications you take. Include all prescription medications, OTC medications, vitamins, supplements, herbal products, and traditional cultural medicines.
- Update your completed **MyMedications List** with your health care provider at least once a year or whenever you change medications.
- Use the **MyMedications Action Plan** with your health care provider to identify medications linked to falls or car crashes and make a plan to adjust medications if necessary.

Download the Fact Sheet, MyMedications List, and MyMedications Action Plan at bit.ly/CDC-MedicinesRisk. **For more information visit:** www.cdc.gov/transportationsafety/older_adult_drivers/mymobility/