Medications Linked to Falls

Review medications with all patients 65 and older. Medication management can reduce interactions and side effects that may lead to falls.

**STOP** medications when possible.  
**SWITCH** to safer alternatives.  
**REDUCE** medications to the lowest effective dose.

Check for psychoactive medications, such as:

- Anticonvulsants  
- Benzodiazepines  
- Antidepressants*  
- Opioids  
- Antipsychotics  
- Sedatives-hypnotics*

Review prescription drugs, over-the-counter medications, and herbal supplements. Some can cause dizziness, sedation, confusion, blurred vision, or orthostatic hypotension. These include:

- Anticholinergics  
- Medications affecting blood pressure  
- Antihistamines  
- Muscle relaxants

**Develop a patient plan** that includes medication changes, and a monitoring plan for potential side effects. Implement other strategies, including non-pharmacologic options to manage conditions, address patient barriers, and reduce fall risk.

Visit the [American Geriatrics Society Beers Criteria](https://www.americantherapeutics.org) for more information on medications linked to falls.

CDC’s STEADI tools and resources can help you screen, assess, and intervene to reduce your patient’s fall risk. For more information, visit [www.cdc.gov/steadi](http://www.cdc.gov/steadi).

*Antidepressants include TCAs and SSRIs. Sedative-hypnotics include eszopiclone, zaleplon, and zolpidem.*