

## FACT SHEET

# 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
- ▶ Antidepressants\*
- ▶ Antipsychotics
- ▶ Benzodiazepines
- ▶ Opioids
- ▶ 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
- ▶ Antihistamines
- ▶ Medications affecting blood pressure
- ▶ 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](#) 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.



Centers for Disease  
Control and Prevention  
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**STEADI** Stopping Elderly Accidents,  
Deaths & Injuries