

# Psychotropic medications in the elderly

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Psychotropics and the elderly don't mix well. The elderly patient is more likely to have side-effects, is more likely to have a drug interaction, more likely to be affected in some unexpected though inevitably deleterious manner.

**Try to avoid psychotropic agents altogether. When that is not possible; start low, go slow, and use the lowest possible efficacious dose.**

Nevertheless, the elderly often do have conditions that necessitate the use of psychotropic agents. Starting with "half" the "standard" dose for a psychotropic agent (antidepressants, antipsychotics, opiate analgesics, benzodiazepines) works for most elderly patients.

One of the best things you can do for your elderly patient is to stop unnecessary psychotropic agents, or to reduce their dose or frequency. It has been estimated that psychotropic agents contribute up to 85% of falls in the elderly. Furthermore, intervention studies where psychotropics are ceased or reduced result in massive reductions in falls rate (50-75%) (1).

Common examples of potentially "unnecessary" psychotropic agents in the elderly:

- Night time benzodiazepines for sedation;
- night time tricyclic antidepressants for sedation;
- long term antipsychotics for agitation or behaviour management in dementia;
- long term anticonvulsants or tricyclic antidepressants for chronic pain;
- long term unmonitored use of opiates.

## Reference article

(1) Cooper JW. Reducing falls among patients in nursing homes. *JAMA* 1997;278:1742

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