

## ACEP 63

**Title:** Avoidance of Acute High-Risk Prescriptions in geriatric patients at discharge

**Description:** The percentage of adults 65 years of age and older who were prescribed an Acute High-Risk Medication at discharge

**Measurement Period:** January 1, 2024, through December 31, 2024

**Measure Steward:** American College of Emergency Physicians (ACEP)

**Measure Developer:** American College of Emergency Physicians (ACEP)

**Measure Scoring:** Proportion (**Inverse Measure**)

**Measure Type:** Process

<b>Initial Population</b>	All patients 65 years of age and older with an ED visit and were discharged
<b>Denominator</b>	Equals Initial Population
<b>Denominator Exclusions</b>	Patients with any of the following discharge diagnosis: -seizure disorder -rapid eye movement sleep disorder -ethanol withdrawal -benzodiazepine withdrawal -severe generalized anxiety disorder -end-of-life care -Allergic Reactions -Dermatitis -Vertigo -Labyrinthitis -ED Visit for Prescription Refill
<b>Numerator</b>	All patients included in the Denominator, who were prescribed one/more of the acute high-risk medications
<b>Numerator Exclusions</b>	Not Applicable
<b>Denominator Exceptions</b>	None

**Stratification:** 1

**Risk Adjustment:** None

**Improvement Notation:** Lower score indicates better quality

### Rationale

In the United States, four in ten adults aged 65 and older take more than five medications and two in ten take over ten medications. Risks associated with medications in the older adult population are greater due to polypharmacy, comorbidities, and changes in physiologic function with age, underscoring the importance of prescribing guidance in the emergency department (ED) setting. Certain classes of medications—such as antihistamines, skeletal muscle relaxants, and benzodiazepines, among others—are associated with higher risk of adverse events in discharged older patients. Reducing high-risk prescribing will improve patient safety and result in fewer adverse reactions and complications. The objective of this quality measure is to determine factors associated with their administration to older ED patients.

## Clinical Recommendation Statement

The use of sedating medications has been shown to increase the risk of falls and other adverse drug events among older adults. The 2019 the American Geriatrics Society Beers Criteria<sup>®</sup> (AGS Beers Criteria<sup>®</sup>) for Potentially Inappropriate Medication (PIM) Use in Older Adults was designed with the long-term medications in mind.<sup>1,2</sup> Therefore, we focus on medications frequently prescribed from the emergency department for which even short-term prescriptions have been shown to be associated with falls and other adverse drug events among older adults.<sup>3</sup> For each of the three medication classes of interest within this measure (anticholinergics, skeletal muscle relaxants, and benzodiazepines), the AGS Beers Criteria<sup>®</sup> provides a strong recommendation to avoid in all populations and is supported by moderate quality of evidence. The strength of this recommendation to avoid these medications suggests that the harms, adverse events, and risks clearly outweigh the benefits.<sup>1</sup>

## Definition

NA

## Guidance

Note: This list should be used when assessing antibiotic prescriptions for the denominator exclusion and numerator components.

**Table 1 - High Risk Medication List**

Description	Prescription
<b>1. Benzodiazepines</b>	
<u>Short-and intermediate-acting:</u>	Alprazolam Estazolam Lorazepam Oxazepam Temazepam Triazolam
<u>Long acting:</u>	Clorazepate Chlordiazepoxide Chlordiazepoxide- amitriptyline Clidinium-chlordiazepoxide Clonazepam Diazepam Flurazepam Quazepam
<b>2. Skeletal Muscle Relaxants</b>	Carisoprodol Chlorzoxazone Cyclobenzaprine Metaxalone Methocarbamol Orphenadrine
<b>3. Anticholinergics</b>	Brompheniramine, Carbinoxamine Chlorpheniramine Clemastine Cyproheptadine Dexbrompheniramine Dexchlorpheniramine, Diphenhydramine (oral) Doxylamine Hydroxyzine Promethazine Triprolidine Meclizine

## References

1. The 2019 American Geriatrics Society Beers Criteria ® Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria ® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2019;67(4):674-694.
2. Clark CM, Shaver AL, Aurelio LA, et al. Potentially inappropriate medications are associated with increased healthcare utilization and costs. J Am Geriatr Soc. 2020;68(11):2542-2550. 3-  
<https://pubmed.ncbi.nlm.nih.gov/29402652/> 4- <https://pubmed.ncbi.nlm.nih.gov/28539164/>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6386184/>
4. <https://www.americangeriatrics.org/media-center/news/research-presented-ags22-focuses-prescribing-practices-early-mobility-programs>

## Disclaimer

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