



3 in 4 older adults take at least 1 medicine commonly linked to falls or car crashes.

Are Your Medicines Increasing Your Risk of a Fall or a Car Crash?

Older adults (65 years and older) are at a greater risk if they:

- Use any medicine with side effects that can cause problems with how they think and remember, and the way their bodies perform.
- Take multiple medicines daily with these side effects.

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

- Use the **Personal Medicines List** to make a list of the medicines you take. Include all prescription medicines, over-the-counter medicines (OTCs), dietary supplements, and herbal products.
- Use the **Personal Action Plan** to help guide your conversation with your doctor or pharmacist at least once a year, or when you change your medicines.

Side effects of prescription medicines, over-the-counter medicines, dietary supplements, and herbal products may cause falls or car crashes.

- What is this medicine used for?
- Does this medicine interact with others I am taking?
- Could this medicine have side effects that might change my ability to drive safely or increase my risk of falling?
- Is there another medicine or dose I should try?
- If I stop or change this medicine, what side effects should I expect?

Download the Fact Sheet, Personal Medicines List, and Personal Action Plan at bit.ly/CDC-MedicinesRisk.





Are Your Medicines Increasing Your Risk of a Fall or a Car Crash?

As we age, our bodies process what we eat and drink—including medicines—differently.

A medicine that worked well in the past could start causing side effects now or in the future.

- Changes in vision
- Changes in awareness
- Loss of balance
- Slower reaction time
- Fainting, or passing out
- Muscle weakness
- Lack of muscle coordination
- Tiredness
- Sleepiness
- A drop in blood pressure when you stand up from sitting or lying down— also known as postural hypotension— that causes dizziness, lightheadedness, or fainting.
- Lower alertness level or difficulty concentrating, leading to:
 - Lane weaving,
 - Increased risk of leaving roadway, or
 - Hesitant driving (second-guessing or over-correcting).

For more information visit:

bit.ly/CDC-MyMobilityPlan

The medicine categories and examples listed below can contribute to falls or car crashes.

Opioid or narcotic pain medicines:

Oxycodone (e.g., OxyContin, Roxicodone)
Hydrocodone (e.g., Lortab, Vicodin)

Anti-depression or mood medicines:

Fluoxetine (e.g., Prozac)
Amitriptyline (e.g., Elavil)

Anti-anxiety medicines:

Diazepam (e.g., Valium)
Alprazolam (e.g., Xanax)

Prescription and OTC sleep aids:

Zolpidem (e.g., Ambien)
Diphenhydramine (e.g., Benadryl)

High blood pressure/ heart medicines:

Metoprolol (e.g., Toprol, Lopressor)
Amlodipine (e.g., Norvasc)
Furosemide (e.g., Lasix)

Muscle relaxing medicines:

Carisoprodol (e.g., Soma)
Cyclobenzaprine (e.g., Flexeril)

Anti-psychosis or mood stabilizing medicines:

Risperidone (e.g., Risperdal)
Quetiapine (e.g., Seroquel)

Note: This is not a complete list of all medicines or potential side effects. The examples provided are some of the most frequently used medicines in each category.