

Preferred Psychiatric Medications in Older Adults		
	Medications	Comments and Cautions
Antipsychotics <sup>1</sup>	Aripiprazole	Akathisia
	Brexpiprazole	Low risk of sedation and akathisia
	Lurasidone	Low rate of weight gain and metabolic effects
	Olanzapine	High rate of weight gain and metabolic effects
	Pimavanserin	Only for Parkinson's psychosis
	Quetiapine	Low doses may help with anxiety or insomnia; risk of orthostasis/falls
	Risperidone/paliperidone	Higher risk of EPS/TD and stroke than other atypicals
Anxiety	Buspirone	Does not cause cognitive impairment
	Gabapentin/pregabalin	Caution in renal impairment
Insomnia	Doxepin	Dose ≤ 6 mg qHS to avoid anticholinergic side effects
	Melatonin/ramelteon	Melatonin is more cost-effective
	Suvorexant/lemborexant	Favorable safety data in elderly compared to Z-drugs
Mood Stabilizers	Divalproex	May be effective at lower doses in older adults than in younger adults
	Lamotrigine	Serum levels are higher in elderly, so aim for lower target dose (50–150 mg/day)
	Lithium	Higher rate of delirium, toxicity, and drug-drug interactions; may have preventive effects against dementia at low concentrations (0.25–0.5 mEq/L)

<sup>1</sup>All antipsychotics carry black-box warnings for an increased risk of stroke and death when used for dementia-related psychosis. All antipsychotics, with the possible exception of pimavanserin and clozapine, have an increased risk of causing TD in older adults. First-generation antipsychotics carry a higher risk of stroke, death, and TD than second-generation antipsychotics.

From the Article:  
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