Could My Medicines Be Increasing My Fall Risk

Medication effects can add together. A medicine may become risky after illness, dehydration, kidney changes, weight loss, or a new interacting drug.

Medication group	Common examples	What to watch for
Sleep and anxiety	Lorazepam, alprazolam, diazepam, zolpidem	Sleepiness, slower reaction, poor balance, memory problems
Sedating antihistamines	Diphenhydramine, doxylamine, hydroxyzine; many PM products	Confusion, blurred vision, constipation, urinary retention
Opioids	Oxycodone, hydrocodone, morphine, tramadol	Sleepiness, confusion, dizziness, slowed breathing
Nerve pain, seizure and muscle medicines	Gabapentin, pregabalin, cyclobenzaprine, baclofen	Dizziness, gait instability, weakness, sedation
Mood and behavior	Antidepressants, trazodone, antipsychotics	Dizziness, sedation, low sodium, blood-pressure changes
Blood pressure and heart	Beta-blockers, alpha-blockers, nitrates, multiple BP drugs	Low standing pressure, slow pulse, fainting
Diuretics or water pills	Furosemide, hydrochlorothiazide	Dehydration, urgency, nighttime bathroom trips, electrolyte changes
Diabetes	Insulin, glipizide, glimepiride, glyburide	Low blood sugar, weakness, sweating, confusion, blurred vision
Bladder	Oxybutynin and similar medicines	Confusion, blurred vision, constipation, urinary retention
Alcohol and cannabis	Alcoholic drinks and THC products	Impaired balance and added sedation with other medicines

High risk does not mean never appropriate. Ask whether each medicine is still needed, whether the dose fits current kidney function and health, and whether a safer alternative or supervised taper is possible.

Do not stop benzodiazepines, antidepressants, beta-blockers, corticosteroids, antiseizure medicines, or opioids abruptly without clinical guidance.

General educational information only. This handout does not provide individual medical advice or replace evaluation by your pharmacist, prescriber, or other qualified clinician. Do not start, stop, or change a medication without consulting your healthcare professional. Call 911 for a medical emergency.
Prepared September 2026.

Safe Medication Storage and Disposal

Good storage prevents dosing errors, loss of effectiveness, accidental poisoning, and misuse.

Store medicines safely

- Use a cool, dry location unless the label says otherwise. A humid bathroom is often unsuitable.
- Keep labels readable. Do not combine different medicines in one bottle.
- Separate current medicines from discontinued or expired medicines.
- Lock up opioids, anxiety medicines, sleep medicines, and other controlled drugs.
- Keep all medicines away from children, grandchildren, visitors, pets, and anyone for whom they were not prescribed.
- Store refrigerated medicine exactly as labeled; protect it from freezing and temperature swings.
- Never share prescription medicine.

Use pill organizers carefully

- Fill the organizer from a current, reconciled medication list.
- Ask a caregiver or pharmacist to verify it when vision, dexterity, or memory is impaired.
- Keep as-needed medicines separate and clearly labeled.
- Ask before placing moisture-sensitive or specially packaged medicines in an organizer.
- Use alarms, adherence packaging, or caregiver checks if doses are missed or repeated.

Dispose of medicines safely

- Prefer a pharmacy, hospital, or law-enforcement medication take-back location.
- Do not keep discontinued medicines just in case.
- Do not flush medicine unless FDA instructions specifically identify that product for flushing.
- Remove or obscure personal information from empty containers.

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Questions to Ask My Pharmacist After a Fall

Bring your medication list, bottles or photographs, discharge paperwork, and any home blood-pressure or glucose readings.

☐ What is each medicine for, and is it still needed?

☐ Which medicines could cause sleepiness, confusion, blurred vision, weakness, low blood pressure, or low blood sugar?

☐ Are several medicines producing the same effect?

☐ Does any dose need adjustment for kidney function, weight, frailty, or recent illness?

☐ Did anything change during the hospital or emergency visit?

☐ Am I taking both an old and a new version of the same medicine?

☐ Could an over-the-counter allergy, sleep, cold, or PM product be contributing?

☐ Do alcohol, cannabis, vitamins, or supplements interact with my medicines?

☐ Could changing the dose or time reduce dizziness or nighttime falls?

☐ Can the medication schedule be simplified?

☐ Which medicines require a gradual taper rather than sudden stopping?

☐ What symptoms require urgent care?

☐ When should we review the regimen again?

My next step:

_____

Follow-up date and contact:

_____

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When a Fall or Medication Effect May Be an Emergency

A general panel answer should never delay urgent medical care.

Call 911 for

- Loss of consciousness, seizure, inability to awaken, blue lips, or slowed breathing.
- New facial droop, one-sided weakness, speech difficulty, vision change, or a severe sudden headache.
- Chest pain, severe shortness of breath, fainting, or a new serious irregular heartbeat.
- Severe or persistent low blood sugar, especially with seizure or unconsciousness.
- Severe pain, obvious deformity, inability to stand or bear weight, or suspected head or neck injury.

Seek prompt medical advice for

- Any head impact while taking an anticoagulant or antiplatelet medicine, even if the person initially feels well.
- Worsening headache, repeated vomiting, increasing sleepiness, confusion, weakness, or unusual behavior after a fall.
- Black or tarry stool, vomiting blood, uncontrolled bleeding, or rapidly expanding bruising.
- New acute confusion, hallucinations, or a major decline in function.
- Repeated dizziness, near-falls, or fainting after a new medicine or dose change.

Information to have ready

- What happened, when it happened, and whether the head was struck.
- The complete medication list, especially blood thinners, insulin, opioids, and sedatives.
- The time of the last doses and any recent medication changes.
- Known allergies, medical conditions, and emergency contact information.

Educational material only. It does not replace an individualized medication review or emergency evaluation.

Resources: CDC STEADI • National Institute on Aging • U.S. Food and Drug Administration • American Geriatrics Society Beers Criteria

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My Complete Medication List

Keep this list current and bring it to every medical appointment, pharmacy visit, emergency visit, and hospitalization.

Name: _____ Date updated: _____

Allergies or serious reactions: _____

Medication and strength	Why I take it	How much	When	Prescriber	Start or change date

Include everything you take

Prescription medicines, as-needed medicines, inhalers, eye drops, creams, vitamins, supplements, over-the-counter products, alcohol, and cannabis all matter for interaction and fall-risk review.

☐ I have fallen or almost fallen in the past year.	☐ I feel dizzy or weak when I stand.
☐ I was recently hospitalized or in the emergency department.	☐ A medicine or dose changed recently.

Do not stop a prescription medicine suddenly without checking with your pharmacist or prescriber.

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