MEDICATIONS

The medicines that make falls more likely

By Russ L'HommeDieu, DPT, ATP, CFPS · Doctor of Physical Therapy, RESNA Assistive Technology Professional, Certified Fall Prevention Specialist · August 7, 2026



Many common medicines can make a fall more likely, especially when several are taken together. The good news is that medicines are one of the easiest fall risks to change, as long as your doctor or pharmacist makes the change with you. Never stop, start or change a medicine on your own.

Why medicines matter so much

Three of every four older adults take at least one medicine linked to falls. Risk climbs once a person takes four or more medicines. In one trial, carefully withdrawing certain mood and sleep medicines under medical supervision cut the fall rate by 66%.

A medicine that was started or increased shortly before a fall should be one of the first things checked.

The medicine groups linked to falls

Doctors call these fall risk increasing drugs. Common groups include:

- **Sleep aids and anxiety medicines.** Benzodiazepines (such as alprazolam, lorazepam or diazepam) and "Z-drug" sleep aids (such as zolpidem) can cause drowsiness, slowed reactions, poor balance and confusion.
- **Over-the-counter sleep and allergy aids.** Older antihistamines such as diphenhydramine and doxylamine can cause confusion, blurred vision and sleepiness. So can meclizine, often used for dizziness.
- **Antidepressants.** These can cause drowsiness, dizziness on standing, low sodium and slowed reactions.
- **Antipsychotics.** These can cause drowsiness, dizziness on standing and stiff, slow movement.
- **Nerve pain and seizure medicines.** Gabapentin and pregabalin can cause dizziness, sleepiness and unsteady walking.
- **Opioid pain medicines.** Oxycodone, hydrocodone, tramadol and morphine can cause drowsiness and dizziness.
- **Muscle relaxants.** Cyclobenzaprine, methocarbamol and others can cause sleepiness.
- **Blood pressure and heart medicines.** Water pills, alpha blockers and other blood pressure drugs can make blood pressure drop when you stand, or lead to dehydration.
- **Bladder medicines.** Oxybutynin and tolterodine can cause confusion.
- **Diabetes medicines.** Insulin and some pills can cause low blood sugar. Insulin-treated diabetes nearly doubles fall risk.
- **Others.** Blood thinners can make the injuries from a fall more serious. Alcohol mixed with medicines raises risk too.

A quick name clue: medicines ending in "-azepam" or "-azolam" are usually benzodiazepines. Names ending in "-olol," "-pril" or "-sartan" are usually blood pressure drugs.

What the experts say

The American Geriatrics Society Beers Criteria (2023) is a widely used list of medicines that may be risky for older adults. For people who have fallen or broken a bone, it advises avoiding many sleep, mood, nerve pain and opioid medicines unless safer choices are not available. It also warns against taking three or more medicines that act on the brain at the same time.

That does not mean these medicines are always wrong for you. Some, such as blood pressure medicines, protect you from other serious problems, like stroke. The right balance differs from person to person, and that decision belongs to you and your prescriber together.

A script for your doctor or pharmacist

Bring every bottle you take, including vitamins, supplements, herbals, eye drops and over-the-counter products. Then ask:

1. "I want to lower my risk of falling. Do any of my medicines make falls more likely?"
2. "Is there a safer option, or could a lower dose work?"
3. "Do I still need each of these?"
4. "Could any of these be making me dizzy, sleepy or unsteady?"
5. "Do any of these interact with each other or with alcohol?"
6. "If we change something, what should I watch for, and when should we check in?"

Doctors often use a simple approach: stop the medicine if it is no longer needed, switch to a safer option, or reduce to the lowest dose that works. Some medicines are tapered down gradually rather than stopped all at once. That is one more reason every change should be planned by your prescriber.

Pharmacists can help too. The CDC's STEADI-Rx program trains pharmacists to screen for fall risk and review medicines.

Signs a medicine may be the problem

Let your doctor know if you or your parent notices:

- New dizziness or lightheadedness, especially when standing up

- Feeling more tired, weak or foggy than usual
- New shakiness or changes in how you move
- Energy that rises and falls with dosing times
- A recent fall or near fall after a medicine change

If you are caring for a parent, a full list of every medicine and supplement is one of the most useful things you can bring to an appointment.

How Home Safety Solutions can help

During a home safety visit we review the medicines and supplements in the home, note any that are known to raise fall risk, and flag them for follow-up with the physician or pharmacist. We never advise changing a medicine ourselves. Learn what happens during a home safety visit . Call (813) 365-9171 or email info@homesafety.solutions.

Related reading: CDC: Medicines can be linked to injuries as we age (PDF) · HealthinAging: medications older adults should avoid · CDC STEADI-Rx for pharmacists · AGS Beers Criteria 2023 announcement · Is it normal to fall as you get older?

This article is general education, not medical advice. Talk with your doctor, pharmacist, or therapist about your own situation.

Want a plan for your own home?
Every service starts with an Initial Consultation, a 30-minute phone call with Dr. L'HommeDieu.
Book at homesafety.solutions