

健保雲端藥歷系統65歲以上病人宜注意用藥品項註記清單

no	Classification/Medications	Concern	Alternative therapy	ATC7_CODE
1	Drugs for peptic ulcer and gastro-oesophageal reflux disease(GERD): cimetidine	Central nervous system(CNS) adverse effects including confusion	Proton-pump inhibitors or other H2-receptor antagonists	A02BA01,A02BA51
2	Antispasmodics-gastrointestinal:belladonna alkaloid, hyoscyamine products	Gastrointestinal(GI) antispasmodic drugs are highly anticholinergic and have uncertain effectiveness. These drugs should be avoided(especially for long-term use)	Use only when strongly indicated, avoid long-term use	<b>Belladonna alkaloid:</b> A03BA,A03BB,A06AB30 <b>Hyoscyamine:</b> A03BA03,A03CB31 <b>Scopolamine:</b> A03BB01, A03BB03 <b>Belladonna alkaloid:</b> A03BA,A03BB,A06AB30 <b>Hyoscyamine:</b> A03BA03,A03CB31 <b>Scopolamine:</b> A03BB01 A03BB03
3	Antispasmodics-urologicals:oxybutynin	This antispasmodic drugs is poorly tolerated by elderly patients, since these cause anticholinergic adverse effects, sedation, and weakness. <del>This antispasmodic drugs is poorly tolerated by elderly patients, since these cause anticholinergic adverse effects, sedation, and weakness.</del>	Suggest behavioral therapy, use only when strongly indicated	<b>Oxybutynin:</b> G04BD04 <b>Oxybutynin:</b> G04BD04
4	Oral antihyperglycemic drugs:chlorpropamide	It has a prolonged half-life in elderly patients and could cause prolonged hypoglycemia. Additionally, it is the only oral hypoglycemic agent that causes inappropriate antidiuretic hormone secretion.It has a prolonged half-life in elderly patients and could cause prolonged hypoglycemia.	Short to intermediate acting second-generation sulfonylureas or other antidiabetic agents	A10BB02 <b>Glyburide:</b> A10BB01A10BB02 <b>Glyburide:</b> A10BB01
5	Antithrombotic agents:ticlopidine	Has been shown to be no better than aspirin in preventing clotting and may be considerably more toxic.	Aspirin or clopidogrel	B01AC05
6	Digitalis glycosides:digoxin>0.125mg/day	Decreased renal clearance may lead to increased risk of toxic effects.(should not exceed>0.125mg/d except for arrhythmia)		C01AA02,C01AA52,C01AA05,C01AA08
7	Antihypertensives:clonidine	Potential for orthostatic hypotension and central nervous system(CNS)adverse effects	Another class of antihypertensive drugs	S01EA03,C02AC01,N02CX02,S01EA04,C02LC01,C02LC51
8	Antihypertensives:methyldopa	May cause bradycardia and exacerbate depression in elderly patients.	Another class of antihypertensive drugs	C02AB,C02LB
9	Antihypertensives: reserpineAntihypertensives: reserpine	May induce depression, impotence, sedation, and orthostatic hypotension	Another class of antihypertensive drugs	
10	Antiinflammatory and anthrheumatic product, non-steroids: Non-COX selective NSAIDs	Immediate and long-term use should be avoided in older persons, a significant number have asymptomatic gastrointestinal(GI) pathologic conditions. (Micromedex, AHFS,Uptodate didn't mention avoid immediate use in older persons)Immediate and long-term use should be avoided in older persons, a significant number have asymptomatic gastrointestinal(GI) pathologic conditions.	1.acetaminophen; 2.Avoid chronic use unless other alternatives are not effective and patient can take gastroprotective agent (proton pump inhibitor or misoprostol) 1.acetaminophen; 2.Avoid chronic use unless other alternatives are not effective and patient can take gastroprotective agent (proton pump inhibitor or misoprostol)	M01AA M01AB M01AC M01AE M01AG M01AA M01AB
11	Antiinflammatory and anthrheumatic product, non-steroids:phenylbutazone	Severe hematological adverse effects.	1.Acetaminophen; 2.Othernonsteroidal anti-inflammatory drugs (avoid long-term use) 1.Acetaminophen; 2 Othernonsteroidal anti-inflammatory drugs (avoid long-term use)	M01AA01,M02AA01,M01BA01

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12	Muscle relaxants: baclofen, carisoprodol, chlormezanone, chlorphenesin carbamate, chlorzoxazone, cyclobenzaprine, dantrolene, methocarbamol, orphenadrine (citrate), phenprobamate, pridinol, tizanidine, tolperisone	Most muscle relaxants are poorly tolerated by elderly patients, since these cause anticholinergic adverse effects, sedation, and weakness. Additionally, their effectiveness at dosed tolerated by elderly patients is questionable.	Use only when strongly indicated, avoid long-term use	<b>Baclofen:</b> M03BX01 <b>Carisoprodol:</b> M03BA02,M03BA52,M03BA72 <b>Chlormezanone:</b> M03BB02,M03BB52,M03BB72 <b>Chlorphenesin carbamate:</b> D01AE07 <b>Chlorzoxazone:</b> M03BB03,M03BB53,M03BB73 <b>Cyclobenzaprine:</b> M03BX08 <b>Dantrolene:</b> M03CA <b>Methocarbamol:</b> M03BA03,M03BA53,M03BA73 <b>Orphenadrine:</b> N04AB02,M03BC01,M03BC51 <b>Phenprobamate:</b> M03BA01,M03BA51,M03BA71 <b>Pridinol:</b> M03BX03 <b>Tizanidine:</b> M03BX02 <b>Tolperisone:</b> M02AX06,M03BX04
13	Aalgesics-opioids: pethidine(merperidine)	Not an effective oral analgesic in doses commonly used. May cause neurotoxicity; safer alternatives available.	Other narcotic drugs	N02AB02,N02AG03,N02AB52,N02AB72
14	Aalgesics-opioids: propoxyphene	Offers little analgesic advantage over acetaminophen, yet has the adverse effects of other narcotic drugs.	Other narcotic drugs	N02AC04,N02AC54,N02AC74
15	Antipsychotics-low potency:chlorpromazine, levomepromazine, loxapine,thioridazine	Anticholinergic effects, second choice of drugs	Atypical antipsychotics, except clozapine	<b>Chlorpromazine:</b> N05AA01 <b>Levomepromazine:</b> N05AA02 <b>Loxapine:</b> N05AH01 <b>Thioridazine:</b> N05AC02
16	Antipsychotics: Clozapine	May lower seizure thresholds and increase risk of agranulocytosis	Other atypical antipsychotics	N05AH02
17	Anxiolytics, hypnotics and sedatives-Long acting benzodiazepine:clonazepam, chlordiazepoxide, clobazam, diazepam, fludiazepam, flunitrazepam, flurazepam, nitrazepam, nordazepam, oxazolam, potassium clorazepate.	These drugs have a long half-life in elderly	1.Use short-acting benzodiazepines only when strongly indicated. 2.Lowest effective dose, avoid long-term use	<b>Clonazepam:</b> N03AE01 <b>Chlordiazeopoxide:</b> N05BA02 <b>Clobazam:</b> N05BA09 <b>Diazepam:</b> N05BA01 <b>Fludiazepam:</b> N05BA17 <b>Flunitrazepam:</b> N05CD03 <b>Flurazepam:</b> N05CD01 <b>Nitrazepam:</b> N05CD03,N05CD02 <b>Nordazepam:</b> N05BA16 <b>Oxazolam:</b> N05BA22 <b>Potassium clorazepate:</b> N05BA05
18	Hypnotics and sedatives-Benzodiazepine:Triazolam>0.25mg/day	Risk of falls and fracture	≤0.25mg/day, or other short-acting benzodiazepines	N05CD05
19	Anxiolytics-Carbamate:meprobamate	This is a highly addictive and sedating anxiolytic. Those using meprobanate for prolonged periods may become addicted and may need to be withdrawn slowly.	1.Use short-acting benzodiazepines only when strongly indicaed. 2.Lowest effective dose, avoid long-term use	N05BC01,N05BC51,N05CX01

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20	Hypnotics and sedatives- Barbiturate:amobarbital, pentobarbital, secobarbital	Are highly addictive and cause more adverse effects than most sedative or hypnotic drugs in elderly patients.	1.Use short-acting benzodiazepines only when strongly indicated. 2.Lowest effective dose, avoid long-term use	<b>Amobarbital:</b> N05CA02 <b>Pentobarbital:</b> N05CA01 <b>Secobarbital:</b> N05CA06
21	Tricyclic antidepressants:amitriptyline, clomipramine, dosulepin, doxepin, imipramine, melitracen.	Because of its strong anticholinergic and sedation properties, tricyclic antidepressants are rarely the choice for elderly patients	Other available antidepressants	<b>Amitriptyline:</b> N06AA09, N06CA01 <b>Clomipramine:</b> N06AA04 <b>Dosulepin:</b> N06AA16 <b>Doxepin:</b> N06AA12 <b>Imipramine:</b> N06AA02 <b>Melitracen:</b> N06AA14, N06CA02
22	First generation antihistamine:alimemazine, azatadine, brompheniramine, buclizine, carbinoxamine, chlorcyclizine, chlorphenamine, chlorphenoxamine, clemastine, cyclizine, cyproheptadine, dexchlorpheniramine, diphenhydramine, diphenylpyraline, doxylamine, homochlorcyclizine hcl(homoginin), ketotifen, mebhydrolin, meclozine(meclizine), mepyramine, mequitazine, oxatomide, phenindamine, pheniramine, promethazine, tripeleennamine, triprolidine	These antihistamines may have potent anticholinergic properties.	Second-generation antihistamines	<b>Alimemazine:</b> R06AD01 <b>Azatadine:</b> R06AX09 <b>Brompheniramine:</b> R06AB01,R06AB51 <b>Buclizine:</b> R06AE01,R06AE51 <b>Carbinoxamine:</b> R06AA08 <b>Chlorcyclizine:</b> R06AE04 <b>Chlorphenamine:</b> R06AB04,R06AB54 <b>Chlorphenoxamine:</b> R06AA06,R06AA56 <b>Clemastine:</b> R06AA04,R06AA54 <b>Cyclizine:</b> R06AE03, R06AE53 <b>Cyproheptadine:</b> R06AX02 <b>Dexchlorpheniramine:</b> R06AB02,R06AB52 <b>Diphenhydramine:</b> R06AA02,R06AA52 <b>Diphenylpyraline:</b> R06AA07,R06AA57 <b>Doxylamine:</b> R06AA09,R06AA59 <b>Ketotifen:</b> R06AX17 <b>Mebhydrolin:</b> R06AX15 <b>Meclozine(meclizine):</b> R06AE05, R06AE55 <b>Mepyramine:</b> R06AC01 <b>Mequitazine:</b> R06AD07 <b>Oxatomide:</b> R06AE06 <b>Phenindamine:</b> R06AX04 <b>Pheniramine:</b> R06AB05 <b>Promethazine:</b> R06AD02,R06AD52 <b>Tripeleennamine:</b> D04AA04,R06AC04 <b>Triprolidine:</b> R06AX07