

**Medications Potentially Causing Depression in Older Adults**

<b>Analgesics</b>	Narcotics	<b>Cardiovascular Preparations</b>	Digitalis
<b>Antibiotics</b>	Ciprofloxacin		Diuretics
<b>Anticonvulsants</b>	Celontin	<b>Psychotropic Agents</b>	Lidocaine
	Zarotin		Benzodiazepines
<b>Antihypertensives</b>	Angiotension-converting enzyme inhibitors		Chloral hydrate
	Calcium channel blockers (e.g. verapamil)		Chlorpromazine
	Clonidine		Haloperidol
	Hydralazine	Thiothixene	
	Beta blockers (e.g. propranolol)	<b>Statins</b>	Pravachol
<b>Antimicrobials</b>	Sulfanomides	<b>Steroids</b>	Corticosteroids
	Isoniazid		Estrogen
<b>Antiparkinsonism Drugs</b>	Levodopa	<b>Others</b>	Alcohol
			Cancer chemoterapeutic agents
<b>Antiviral</b>	Zoviraz		Cimetidine

*Adapted from Smith, M., Haedtk, C., Shibley, D. (2015). Detection of Depression in Cognitively Intact Older Adults. University of Iowa College of Nursing, John A. Hartford Center for Geriatric Nursing Excellence.*

**Medications/Drugs Potentially Causing Anxiety in Older Adults**

<b>Thyroid hormones</b>	overreplacement		
<b>Corticosteroids</b>	mineralocorticoids	<b>Caffeine</b>	Caffeine-containing products, e.g., Anacin, Excedrin, Vivarin
	glucocorticoids		
	corticosteroid-containing products		
<b>Sympathomimetics</b>	pseudoephedrine and phenylephrine	<b>Nicotine</b>	Nicotine-containing products
	alpha and beta-agonists (asthma/allergy medications - albuterol, theophylline)		
	some blood pressure medications	<b>Antiparkinsonian medications</b>	levodopa (Sinemet) - presentation of anxiety can occur immediately or after substantial chronic use
antidepressants (particularly at initiation of therapy)	<b>Antiarrhythmia</b>		
antipsychotics			
stimulants			

Adapted from: Reuben, D., Herr, K., Pacala, J., et al. (2015). *Geriatrics at Your Fingertips: 17<sup>th</sup> Edition*. New York: The American Geriatrics Society