1.8 Cumulative Toxicity tool and adverse drug reactions (ADR)

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The chart below cross-tabulates medication and ADR risks associated with them. It can help identify actual ADRs and the risk of developing them. It identifies where an ADR may be due to a cumulative effect. Generally, the shaded areas represent side effects which are listed in SPCs as having an incidence greater than 1 in 10,000 (where the incidence is listed), or from knowledge of the mode of action of a medicine.

Please, note that the list focuses on commonly used drugs and commonly preventable ADRs, and is not meant to replace more detailed medicines information sources.

	ADR	Falls and fractur	Constipation	Urinary retentio	CNS depression	Bleeding	Heart failure	Bradycardia	CV events	Respiratory	НуродІусаетіа	Renal injury	Hypokalaemia	Hyperkalaemia	Serotonin syndr	Angle closure gla
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Chap	ter Medication															
1	H2 Blocker															
	Laxatives															
	Loperamide															
	Prochlorperazine etc ^A															
	Metoclopramide															
2	ACE/ARB															
	Thiazide diuretics															
	Loop diuretics															
	Amiloride ^F /triamterene															
	Spironolactone															
	Beta-blocker															
	CCB (dihydropyridine)															
	CCB (verapamil/diltiazem)															
	Nitrates and nicorandil															
	Digoxin															
3	Theophylline															
	Oral steroids															
4	Opiates															
	Benzodiazepines															
	Sedative antihistamines [®]															
	H1 Blockers															
	Antipsychotics ^E															
	SSRI and related															
	TCAs ^C															
	MAO inhibitors															
5	Antibiotics/antifungals															
6	Sulfonylureas, gliptins,															
	glinides															
	Pioglitazone															
7	Urinary antispasmodics															
	Dosulepin ^B															
	Alpha blocker															
10	NSAIDs															

A- STRONG anticholinergics are: dimenhydrinate, scopolamine, dicyclomine, hyoscyamine, propantheline; B- STRONG anticholinergics are: tolterodine, oxybutynin, flavoxate; C- STRONG anticholinergics are: amitriptyline, desipramine, doxepine, imipramine, nortriptyline, trimipramine, protriptyline; D- STRONG anticholinergics are: promethazine; E- STRONG anticholinergics are: diphenhydramine, clemastine, chlorphenamine, hydroxyzine. Full list of anticholinergics. Full list of medicines linked to falls. F- Amiloride side effect frequency unknown