

**BETTER AVOID.**

**Risks:** Amitriptyline can lead to increased drug exposure and sensitivity to its anticholinergic and cardiovascular effects in the elderly. It is a CNS-active and anticholinergic drug associated with sedation, dizziness, confusion, and hyponatraemia — all of which increase the risk of falls, delirium, and cognitive decline in frail older adults. It may also cause the syndrome of inappropriate antidiuretic hormone secretion (SIADH), leading to low serum sodium levels and instability. The drug contributes to the overall anticholinergic and sedative burden in polypharmacy and may worsen mobility limitations or cognitive impairment.

**Risk monitoring:** Monitor for sedation, confusion, gait instability, falls, and serum sodium levels, especially during treatment initiation or dose adjustments. Review therapy regularly, particularly when used in combination with other CNS depressants or anticholinergic agents. Consider CYP2D6 genotyping.

**Dose adjustment:** No specific dose adjustment is required for frailty. Start with the lowest possible dose (25 mg) and titrate slowly up to a maximum of 75 mg in elderly patients, considering renal and hepatic function as well as the cumulative CNS and anticholinergic load.

**Recommendation:**

Avoid use in frail older adults whenever possible. Amitriptyline is listed in BEERS, EU(7)-PIM, and STOPP criteria as a potentially inappropriate medication due to its strong anticholinergic effects, cardiovascular risks, and sedation. It increases the risk of falls, confusion, constipation, and urinary retention.