

BETTER AVOID.

Risks: Carbamazepine 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 cause the syndrome of inappropriate antidiuretic hormone secretion (SIADH), resulting in low serum sodium 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, especially during initiation or dose changes. Review therapy regularly, particularly when combined with other CNS depressants or anticholinergic agents.

Dose adjustment: No specific dose adjustment is required for frailty. Start with the lowest effective dose (100 mg/day) and titrate slowly, considering renal and hepatic function and the cumulative CNS and anticholinergic load.

Recommendation:

Better avoid in frail older adults due to the high risk of sedation, falls, and hyponatraemia. Listed in Beers 2023 as a potentially inappropriate medication due to SIADH risk and in STOPPFall 2021 as a CNS-active drug increasing fall risk. The EU(7)-PIM list also highlights its potential for confusion, agitation, bradycardia, and anticholinergic effects. Safer alternatives such as gabapentin or lamotrigine should be preferred whenever possible.