

AGS Beers Criteria Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Among sulfonylureas, which is preferred if a sulfonylurea is used in older adults?**
 - A. Gliclazide**
 - B. Glimepiride**
 - C. Glipizide**
 - D. Glyburide**

- 2. The Beers Criteria is intended for use in which population?**
 - A. Adults aged 18 to 64**
 - B. Adults aged 65 years or older in ambulatory, acute, and institutionalized settings**
 - C. Pediatric patients**
 - D. All adults regardless of age**

- 3. Mineral oil is inappropriate for older adults because of aspiration risk. Which option correctly lists a safer alternative?**
 - A. Lactulose**
 - B. Polyethylene glycol**
 - C. Senna**
 - D. Mineral oil**

- 4. Clozapine is best described as which type of agent?**
 - A. Antipsychotic with strong anticholinergic properties**
 - B. Antimuscarinic for urinary incontinence**
 - C. Antispasmodic**
 - D. Skeletal muscle relaxant**

- 5. For rivaroxaban, what is the dosing recommendation for CrCl between 15-50 mL/min?**
 - A. Reduce the dose**
 - B. Avoid entirely**
 - C. No adjustment**
 - D. Increase the dose**

- 6. Which medication is inappropriate for hypertension in older adults as a nonselective peripheral alpha-1 blocker?**
- A. Lisinopril**
 - B. Amlodipine**
 - C. Guanfacine**
 - D. Doxazosin**
- 7. Which GI medication is known for strong anticholinergic activity and is therefore inappropriate for older adults?**
- A. Dicyclomine**
 - B. Metoclopramide**
 - C. Dexlansoprazole**
 - D. Mineral oil**
- 8. Which GI antispasmodic is inappropriate for older adults due to strong anticholinergic activity?**
- A. Atropine**
 - B. Dicyclomine**
 - C. Scopolamine**
 - D. Hyoscyamine**
- 9. Compared with apixaban, which direct oral anticoagulant has a higher risk of GI bleeding in older adults when used long-term for nonvalvular AF or VTE?**
- A. Warfarin**
 - B. Apixaban**
 - C. Dabigatran**
 - D. Rivaroxaban**
- 10. Dronedarone should be avoided in older adults with which conditions?**
- A. Hypertension**
 - B. Pulmonary disease**
 - C. Atrial fibrillation with well-controlled HF**
 - D. Permanent AF or severe or recently decompensated heart failure**

Answers

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1. C
2. B
3. D
4. A
5. A
6. D
7. A
8. B
9. C
10. D

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Explanations

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1. Among sulfonylureas, which is preferred if a sulfonylurea is used in older adults?

- A. Gliclazide
- B. Glimepiride
- C. Glipizide**
- D. Glyburide

In older adults, safety with sulfonylureas hinges on the risk of hypoglycemia and how the drug is cleared. Glyburide has active metabolites and a longer duration of action, which can lead to prolonged and harder-to-dain hypoglycemia in the elderly, especially with reduced kidney function. Glipizide, by contrast, has a shorter half-life and no active metabolites, so it is less likely to cause prolonged hypoglycemia and is generally safer for older patients. Therefore, if a sulfonylurea is used in older adults, glipizide is the preferred option. (Gliclazide is also relatively safer than glyburide, but glipizide is the most consistently favored choice for elderly safety.)

2. The Beers Criteria is intended for use in which population?

- A. Adults aged 18 to 64
- B. Adults aged 65 years or older in ambulatory, acute, and institutionalized settings**
- C. Pediatric patients
- D. All adults regardless of age

The Beers Criteria is a safety tool that identifies medications likely to be inappropriate for older adults due to higher risk of adverse effects and interactions. It is intended for adults aged 65 years or older across different care settings—ambulatory, acute, and institutionalized. It isn't designed for pediatric patients, nor for all adults regardless of age. This focus exists because aging changes how drugs are processed by the body and because older adults commonly take multiple medications, increasing the chance of harm.

3. Mineral oil is inappropriate for older adults because of aspiration risk. Which option correctly lists a safer alternative?

- A. Lactulose
- B. Polyethylene glycol
- C. Senna
- D. Mineral oil**

The main idea is that mineral oil carries a risk of aspiration and lipid pneumonitis in older adults, so the Beers Criteria favors safer laxatives that don't pose this risk. Among common laxatives, polyethylene glycol stands out as a safer choice for constipation in older adults. It's an osmotic laxative that stays in the gut to hold water and soften stool, with minimal systemic absorption and a lower risk of respiratory complications if an event like aspiration were to occur. This makes it preferable to mineral oil in the older population. Lactulose can be effective but often causes gas and bloating and may be less tolerable for some patients. Senna is a stimulant laxative and, with long-term use, can lead to cramps, electrolyte disturbances, or interactions with other medications. While all three of these non-mineral-oil options can be used, polyethylene glycol has the best overall safety profile for older adults in terms of aspiration risk and tolerability.

4. Clozapine is best described as which type of agent?

- A. Antipsychotic with strong anticholinergic properties**
- B. Antimuscarinic for urinary incontinence
- C. Antispasmodic
- D. Skeletal muscle relaxant

Clozapine is an antipsychotic with relatively strong anticholinergic (antimuscarinic) effects. While its main action is as an atypical antipsychotic that blocks dopamine D2 and serotonin 5-HT₂ receptors, it also tends to block muscarinic receptors more than many other antipsychotics. This adds anticholinergic side effects such as dry mouth, constipation, urinary retention, blurred vision, and potential cognitive or delirium risks, which is particularly important to consider in older adults. Therefore, describing it as an antipsychotic with strong anticholinergic properties best captures its pharmacologic profile. It is not chiefly an antimuscarinic for urinary incontinence, nor an antispasmodic, nor a skeletal muscle relaxant.

5. For rivaroxaban, what is the dosing recommendation for CrCl between 15-50 mL/min?

- A. Reduce the dose**
- B. Avoid entirely
- C. No adjustment
- D. Increase the dose

Renal function affects rivaroxaban clearance; when CrCl is in the 15-50 mL/min range, the drug is cleared more slowly, leading to higher drug exposure and a greater risk of bleeding. To balance efficacy with safety, a downward dose adjustment is recommended rather than continuing the full standard dose. For example, in atrial fibrillation, the usual 20 mg daily dose is reduced to 15 mg daily (taken with an evening meal). The exact reduced dose can depend on the indication, but the unifying principle is to lower the dose in moderate renal impairment to account for decreased clearance. It is not appropriate to avoid the medication entirely at this level of impairment, nor to increase the dose or keep it unchanged, because doing so would raise bleeding risk.

6. Which medication is inappropriate for hypertension in older adults as a nonselective peripheral alpha-1 blocker?

- A. Lisinopril
- B. Amlodipine
- C. Guanfacine
- D. Doxazosin**

Nonselective peripheral alpha-1 blockers can cause a pronounced drop in blood pressure when a person stands up, leading to dizziness, fainting, and falls—an especially dangerous combination for older adults. Doxazosin is an alpha-1 blocker with this nonselective peripheral action, so it's considered inappropriate for hypertension management in the elderly according to Beers Criteria. The other meds listed work through different mechanisms: lisinopril is an ACE inhibitor, amlodipine is a calcium channel blocker, and guanfacine is a central alpha-2 agonist, none of which share the same orthostatic risk profile as nonselective peripheral alpha-1 blockade.

7. Which GI medication is known for strong anticholinergic activity and is therefore inappropriate for older adults?

- A. Dicyclomine**
- B. Metoclopramide**
- C. Dexlansoprazole**
- D. Mineral oil**

In older adults, drugs with strong anticholinergic effects are avoided because they can worsen confusion, delirium, memory problems, and cause issues like dry mouth, constipation, urinary retention, and falls. Dicyclomine is an antispasmodic that blocks muscarinic receptors, giving it potent anticholinergic activity. That systemic action makes it particularly risky for the elderly, so it's inappropriate despite its GI use. The other medications don't carry the same anticholinergic burden: metoclopramide acts mainly as a dopamine antagonist with movement disorder risks rather than strong anticholinergic effects; dexlansoprazole is a proton pump inhibitor with minimal anticholinergic activity; mineral oil is a laxative and does not work through anticholinergic mechanisms.

8. Which GI antispasmodic is inappropriate for older adults due to strong anticholinergic activity?

- A. Atropine**
- B. Dicyclomine**
- C. Scopolamine**
- D. Hyoscyamine**

The key idea is that older adults are especially sensitive to anticholinergic effects, and medications with strong antimuscarinic activity can trigger delirium, confusion, and other anticholinergic side effects. Dicyclomine has relatively strong anticholinergic (antimuscarinic) activity among GI antispasmodics. Because it blocks acetylcholine at muscarinic receptors, it can cause cognitive impairment, confusion, dry mouth, constipation, urinary retention, and other anticholinergic adverse effects. In older patients, these risks are magnified due to age-related changes, polypharmacy, and reduced homeostatic reserve, making dicyclomine particularly inappropriate in this population. The other agents listed also have anticholinergic properties, but the concern is typically greatest with dicyclomine in the GI antispasmodic class for older adults, thus aligning with the choice that emphasizes strong anticholinergic burden.

9. Compared with apixaban, which direct oral anticoagulant has a higher risk of GI bleeding in older adults when used long-term for nonvalvular AF or VTE?

- A. Warfarin**
- B. Apixaban**
- C. Dabigatran**
- D. Rivaroxaban**

In older adults, the risk of GI bleeding varies across direct oral anticoagulants, and dabigatran tends to have the highest GI bleeding risk among them when used long-term for nonvalvular AF or VTE compared with apixaban. Dabigatran is mostly cleared by the kidneys, so reduced renal function in older patients leads to higher drug exposure and a greater chance of bleeding, including in the GI tract. Trials and analyses consistently show higher GI bleeding with dabigatran, especially at the 150 mg dose, relative to apixaban, while apixaban generally has one of the lower GI bleeding risk profiles among DOACs. Therefore, dabigatran is the DOAC most associated with higher GI bleeding risk when compared with apixaban in this older population.

10. Dronedarone should be avoided in older adults with which conditions?

- A. Hypertension**
- B. Pulmonary disease**
- C. Atrial fibrillation with well-controlled HF**
- D. Permanent AF or severe or recently decompensated heart failure**

Dronedarone is avoided in older adults when there is permanent atrial fibrillation or severe or recently decompensated heart failure because safety data show a higher risk of harm in these situations without a clear, meaningful benefit. In permanent AF, the rhythm-control advantage of dronedarone is unlikely to be realized, so exposing patients to potential adverse effects isn't justified. In those with severe or recently decompensated heart failure, dronedarone can worsen heart function and has been linked to increased mortality and hospitalizations. Because older adults often have limited cardiac reserve and multiple comorbidities, the Beers Criteria flags this combination as potentially inappropriate. In other scenarios, like hypertension or pulmonary disease without decompensation, the concern is less pronounced, though individual risk and drug interactions should still be considered.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://agsbeerscriteria.examzify.com>

We wish you the very best on your exam journey. You've got this!

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