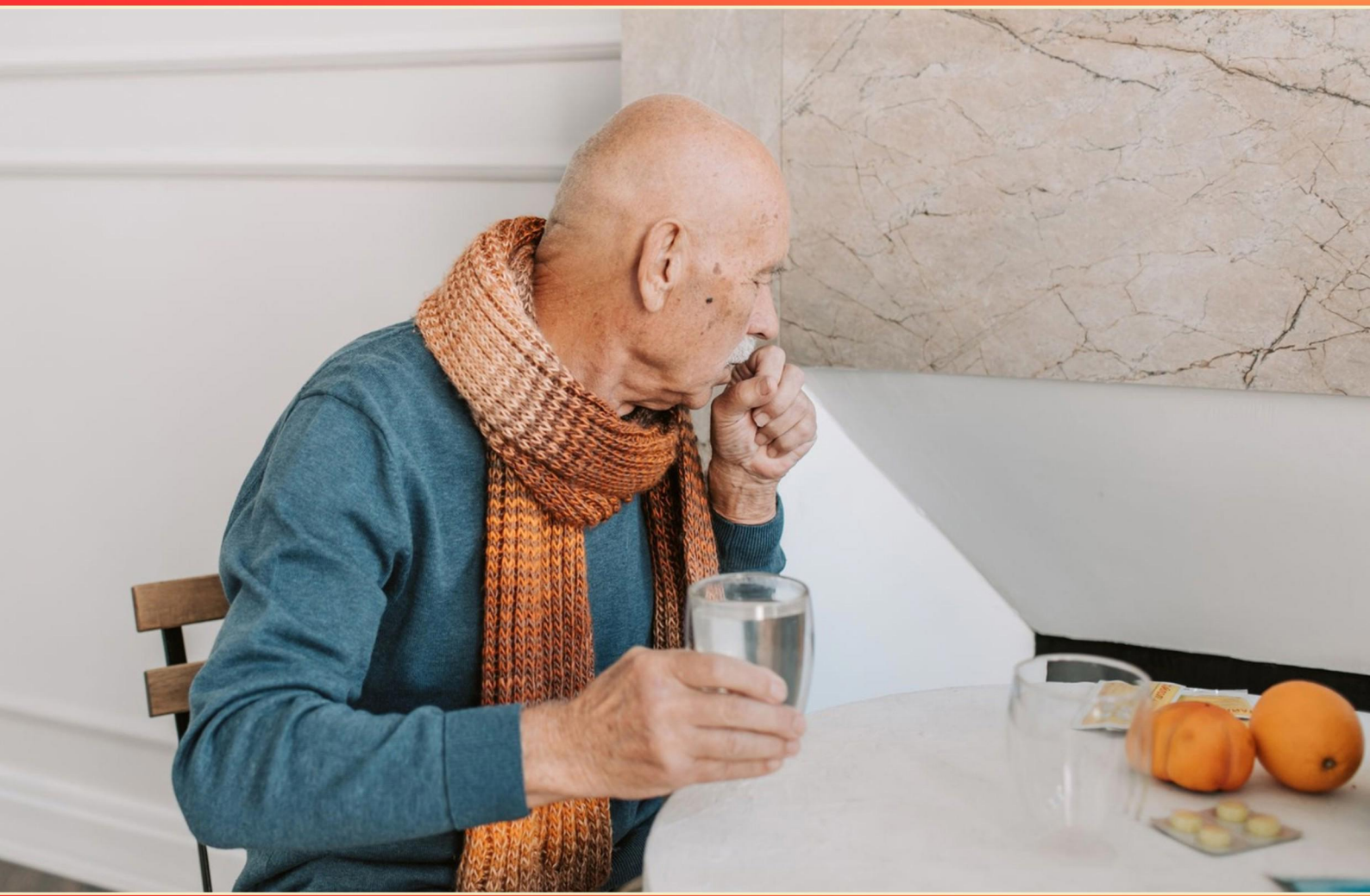
AGS BEERS CRITERIA PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

1. 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

2. Nitrofurantoin CrCl threshold for avoidance is below which value?

A. CrCl < 60 mL/min

B. CrCl < 40 mL/min

C. CrCl < 50 mL/min

D. CrCl < 30 mL/min

3. Which statement best reflects Beers Criteria guidance on prasugrel and ticagrelor use in adults aged 75 years or older?

A. They increase the risk of major bleeding compared with clopidogrel, especially in adults 75 and older; if prasugrel is used, consider a lower dose (5 mg) for those 75 and older.

B. They have no impact on bleeding risk in older adults.

C. They should be used routinely without dose adjustment in older adults.

D. They are contraindicated in all older adults.

4. Which antipsychotic is among those considered less likely to worsen Parkinson disease symptoms, and is listed as an exception in Beers criteria?

A. Clozapine

B. Haloperidol

C. Quetiapine

D. Olanzapine

5. In Beers Criteria guidance, at what threshold of concurrent CNS-active medications does the risk of falls and fractures notably increase?

A. Two or more

B. Three or more

C. Four or more

D. One or more

6. Which diuretic should be avoided under CrCl < 30 mL/min due to hyperkalemia risk?

A. Furosemide

B. Spironolactone

C. Hydrochlorothiazide

D. Mannitol

7. For CrCl < 30 mL/min, tramadol dosing rules for immediate-release versus extended-release formulations are:

A. Immediate release: Avoid

B. Extended release: Reduce dose

C. Immediate release: Reduce dose

D. Extended release: Avoid

8. Which opioid is discouraged in older adults due to risk of delirium and neurotoxicity?

A. Meperidine

B. Morphine

C. Hydromorphone

D. Oxycodone

9. Which medication is not listed as inappropriate for delirium?

A. Anticholinergics

B. Antipsychotics

C. Corticosteroids

D. Acetaminophen

10. Oxybutynin is best described as which type?

A. Antimuscarinic for urinary incontinence

B. Antipsychotic

C. Antiparkinsonian

D. Skeletal muscle relaxant

Answers

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

Explanations

1. 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.

2. Nitrofurantoin CrCl threshold for avoidance is below which value?

A. CrCl < 60 mL/min

B. CrCl < 40 mL/min

C. CrCl < 50 mL/min

D. CrCl < 30 mL/min

Nitrofurantoin relies on kidney clearance to achieve high concentrations in the urine, which are necessary to treat lower urinary tract infections effectively. When creatinine clearance falls below a certain point, these urinary levels become unreliable and the drug may accumulate, raising the risk of toxicity without providing real benefit. The Beers Criteria specify avoiding nitrofurantoin when CrCl is below 30 mL/min because at or under this threshold the drug is neither effective nor safe for most older adults. The other values listed are not the cutoff used in this guideline. CrCl values like 60, 40, or 50 mL/min are higher than the threshold and do not mandate avoidance according to the Beers Criteria, whereas the critical caution is specifically at less than 30 mL/min.

3. Which statement best reflects Beers Criteria guidance on prasugrel and ticagrelor use in adults aged 75 years or older?

A. They increase the risk of major bleeding compared with clopidogrel, especially in adults 75 and older; if prasugrel is used, consider a lower dose (5 mg) for those 75 and older.

B. They have no impact on bleeding risk in older adults.

C. They should be used routinely without dose adjustment in older adults.

D. They are contraindicated in all older adults.

Beers Criteria flags that prasugrel and ticagrelor carry a higher risk of major bleeding in older adults compared with clopidogrel, and this risk is especially pronounced in those aged 75 and older. Because of that heightened bleeding risk, if prasugrel is considered for someone in this age group, a lower dose of 5 mg is recommended to help mitigate harm. Ticagrelor also requires careful consideration in older patients due to bleeding risk, rather than routine use without adjustment. The other statements imply no difference in bleeding risk, routine use without dose changes, or a blanket contraindication for all older adults, which isn't consistent with the guidance. The emphasis is on the increased bleeding risk in people 75 and older and the need for a reduced prasugrel dose if it's used.

4. Which antipsychotic is among those considered less likely to worsen Parkinson disease symptoms, and is listed as an exception in Beers criteria?

A. Clozapine

B. Haloperidol

C. Quetiapine

D. Olanzapine

The key idea is that drugs which block dopamine in the nigrostriatal pathway tend to worsen Parkinson disease motor symptoms, so antipsychotics differ in how much they disrupt that pathway. Haloperidol is a potent D2 blocker with a high risk of extrapyramidal symptoms, making it more likely to aggravate PD. Quetiapine, on the other hand, has relatively weak and transient D2 receptor blockade and a broader receptor profile, so it produces far fewer extrapyramidal effects. This lower risk of worsening motor symptoms is why quetiapine is favored in Parkinson disease-related psychosis and is noted as an exception in Beers Criteria guidelines for older adults. Clozapine also has low EPS risk, but it carries a significant risk of agranulocytosis and requires regular blood monitoring, which limits its designation as a general exception. Olanzapine can be safer for EPS than haloperidol but has other drawbacks like metabolic effects, so those factors are why it's not the standout exception here.

5. In Beers Criteria guidance, at what threshold of concurrent CNS-active medications does the risk of falls and fractures notably increase?

A. Two or more

B. Three or more

C. Four or more

D. One or more

Beers Criteria guidance highlights that in older adults, the risk of falls and fractures rises with polypharmacy, especially when several central nervous system–active drugs are used together. Each CNS-active medication can cause sedation, dizziness, impaired coordination, cognitive slowing, or orthostatic hypotension. When three or more CNS-active medications are taken concurrently, these effects can compound, leading to a notably higher risk of falls and fractures than with fewer agents. CNS-active drugs include benzodiazepines and other sedative-hypnotics, antidepressants with sedating or anticholinergic properties, antipsychotics, anticonvulsants with CNS effects, and opioids. In practice, this means carefully reviewing a patient's complete med list, avoiding unnecessary duplication of CNS-active drug classes, and considering deprescribing or substituting safer alternatives whenever possible. Emphasize nonpharmacologic approaches for sleep, mood, pain, and anxiety, and use the lowest effective dose for the shortest duration if a CNS-active medication is truly needed.

6. Which diuretic should be avoided under CrCl < 30 mL/min due to hyperkalemia risk?

A. Furosemide

B. Spironolactone

C. Hydrochlorothiazide

D. Mannitol

In very low kidney function (CrCl under 30 mL/min), potassium-sparing diuretics pose a high risk of hyperkalemia. Spironolactone is an aldosterone antagonist that reduces potassium excretion in the distal nephron. When the kidneys are already weak, this can lead to dangerous potassium buildup. That's why it should be avoided in CrCl < 30 mL/min. Other diuretics listed do not carry the same hyperkalemia risk: loop diuretics like furosemide promote potassium loss; thiazides like hydrochlorothiazide also tend to cause potassium loss and are less effective with very low GFR; mannitol is not used chronically and isn't a potassium-sparing agent.

7. For CrCl < 30 mL/min, tramadol dosing rules for immediate-release versus extended-release formulations are:

A. Immediate release: Avoid

B. Extended release: Reduce dose

C. Immediate release: Reduce dose

D. Extended release: Avoid

In severe renal impairment (CrCl < 30), tramadol requires dose adjustment because both tramadol and its active metabolite can accumulate, increasing the risk of CNS effects, respiratory depression, and seizures. The immediate-release form can be used but at a reduced dose to limit overall exposure and still provide analgesia. Extended-release tramadol, due to its long duration of action and greater potential for accumulation of the active metabolite, is typically avoided in CrCl < 30. So the dosing approach here is to lower the immediate-release dose to balance pain relief with safety.

8. Which opioid is discouraged in older adults due to risk of delirium and neurotoxicity?

A. Meperidine

B. Morphine

C. Hydromorphone

D. Oxycodone

In older adults, the risk of delirium and neurotoxicity from opioids is a major safety concern. Meperidine stands out here because its metabolism produces an active metabolite called normeperidine, which can accumulate, especially when kidney function is reduced—as is common with aging. This buildup can directly irritate the nervous system, leading to agitation, tremors, myoclonus, and seizures, i.e., delirium and neurotoxicity. Because of this, the Beers Criteria discourages using meperidine in older adults, favoring other opioids that don't produce a clearly neurotoxic metabolite at typical dosing. The other opioids listed can still cause CNS side effects and require careful monitoring, but they don't carry the same well-established risk of delirium from an accumulating neurotoxic metabolite.

9. Which medication is not listed as inappropriate for delirium?

A. Anticholinergics

B. Antipsychotics

C. Corticosteroids

D. Acetaminophen

Delirium in older adults is often worsened by drugs that cause anticholinergic effects or central nervous system depression, so the Beers Criteria flags those medications as inappropriate or to be used with great caution. Anticholinergic drugs are a classic trigger for delirium, and corticosteroids can provoke neuropsychiatric symptoms, especially at higher doses. Antipsychotics also carry notable risks in older patients, particularly those with dementia, and are approached with caution in delirium management. Acetaminophen does not have anticholinergic effects and does not typically provoke delirium, so it is not listed as inappropriate for delirium. It is commonly chosen for pain relief in older adults when delirium risk is a concern, whereas other analgesics that depress the CNS or add anticholinergic burden are used more cautiously.

10. Oxybutynin is best described as which type?

A. Antimuscarinic for urinary incontinence

B. Antipsychotic

C. Antiparkinsonian

D. Skeletal muscle relaxant

Oxybutynin is an antimuscarinic agent used to treat urinary urgency and incontinence by blocking muscarinic receptors in the bladder. This reduces detrusor muscle contractions, lowering urge and leakage, which is why it's described as an antimuscarinic for urinary incontinence. It isn't an antipsychotic (which target psychosis-related symptoms), nor an antiparkinsonian (which address Parkinsonian motor symptoms), nor a skeletal muscle relaxant (which acts on muscle or spinal pathways through different mechanisms). In older adults, its anticholinergic effects can cause confusion or delirium, which is a key consideration in Beers Criteria.

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!