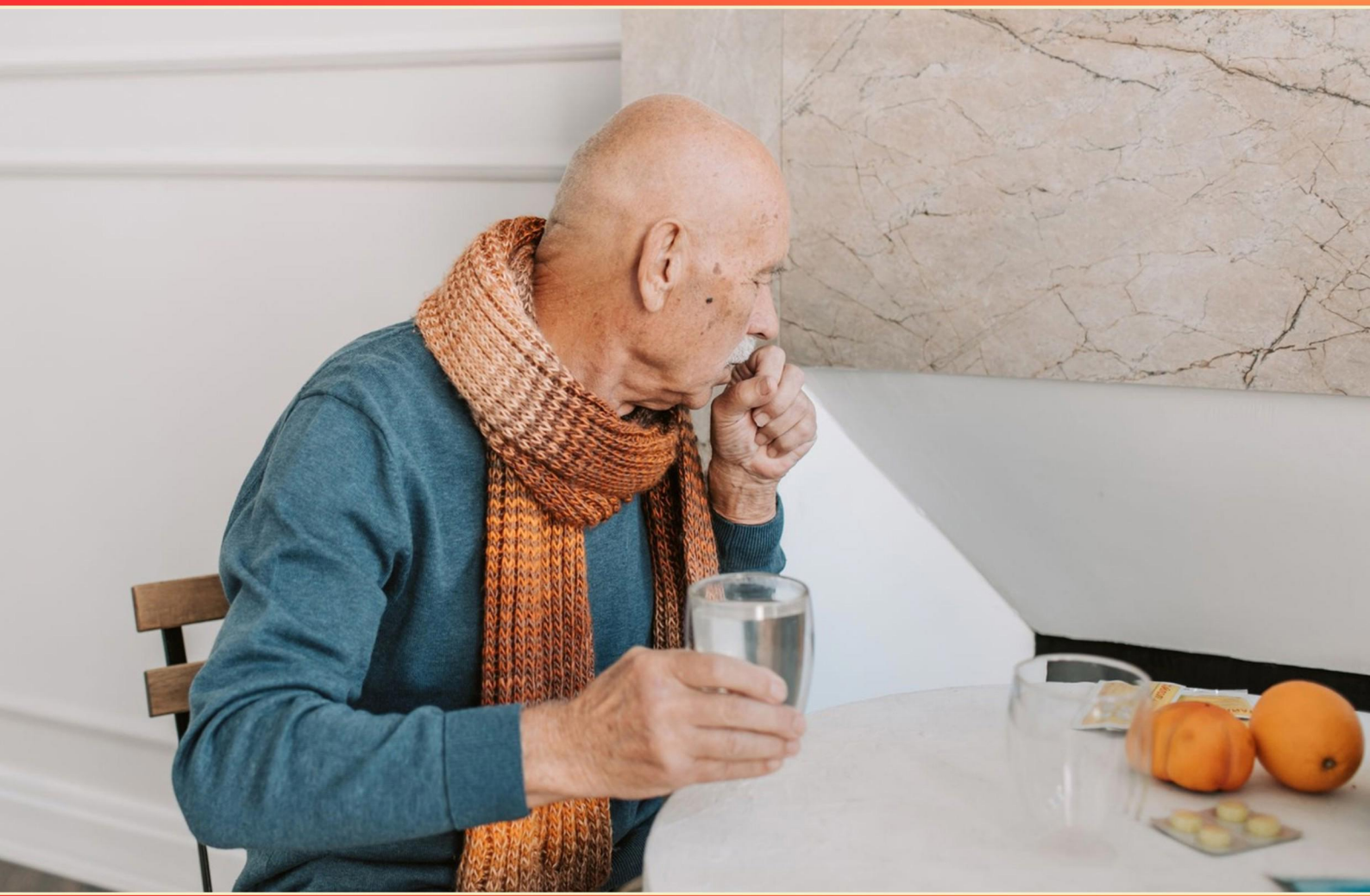
AGS BEERS CRITERIA PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://agsbeerscriteria.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. **Growth hormone: avoid except for patients rigorously diagnosed with evidence-based criteria with GH deficiency due to established etiology. Which option best reflects this guidance?**

   A. Avoid in most cases

   B. Avoid, except for rigorously diagnosed GH deficiency with established etiology

   C. Use for weight gain

   D. Use for cognitive protection

2. **For CrCl < 60 mL/min, which drug should have its dose reduced due to CNS adverse effects?**

   A. Gabapentin

   B. Atorvastatin

   C. Metformin

   D. Albuterol

3. **Which statement about desiccated thyroid is correct?**

   A. It is the preferred thyroid replacement in older adults.

   B. It is inappropriate for older adults due to cardiac concerns; safer alternatives available.

   C. It has no safety concerns.

   D. It is recommended for weight loss in older adults.

4. **For prasugrel use in adults 75 years or older, what dosing consideration does Beers Criteria suggest?**

   A. Consider a lower dose (5 mg) for those 75 and older

   B. Increase to 10 mg for faster effect

   C. Avoid prasugrel entirely in all 75+ adults

   D. No dose adjustment is necessary regardless of age

5. **Which antiarrhythmic should be avoided as first-line therapy for atrial fibrillation unless the patient has heart failure or substantial LVH?**

   A. Dronedarone

   B. Digoxin

   C. Amiodarone

   D. Sotalol

SAMPLE

6. Which insulin regimen is inappropriate due to higher risk of hypoglycemia and no improvement in hyperglycemia management regardless of care setting?

A. Insulin regimens containing only short- or rapid-acting insulin dosed according to current BG levels without concurrent basal or long-acting insulin

B. Basal insulin regimens with long-acting insulin

C. Premixed insulin regimens

D. Insulin therapy with both basal and bolus components

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

A. Furosemide

B. Spironolactone

C. Hydrochlorothiazide

D. Mannitol

8. Trospium is best described as which type?

A. Antimuscarinic for urinary incontinence

B. Antipsychotic

C. Antiparkinsonian

D. Skeletal muscle relaxant

9. Benztropine is best described as which type of agent?

A. Antiparkinsonian agent with strong anticholinergic properties

B. Antimuscarinic for urinary incontinence

C. Antipsychotic

D. Skeletal muscle relaxant

10. 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

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Growth hormone: avoid except for patients rigorously diagnosed with evidence-based criteria with GH deficiency due to established etiology. Which option best reflects this guidance?

A. Avoid in most cases

B. Avoid, except for rigorously diagnosed GH deficiency with established etiology

C. Use for weight gain

D. Use for cognitive protection

Growth hormone therapy in older adults is not recommended unless there is solid, evidence-based confirmation of growth hormone deficiency with a clear etiologic cause. The best option states the precise exception: avoid, except for rigorously diagnosed GH deficiency with an established etiology. This reflects the Beers Criteria approach, which reserves GH treatment for those with documented deficiency proven by proper testing and an identifiable cause, rather than for general aging, preventive aims, or non-deficiency indications. The other choices misrepresent the guidance: using GH for weight gain or cognitive protection is not supported, and saying to avoid in most cases without noting the exception lacks the necessary nuance.

2. For CrCl < 60 mL/min, which drug should have its dose reduced due to CNS adverse effects?

A. Gabapentin

B. Atorvastatin

C. Metformin

D. Albuterol

Renal impairment can lead to accumulation of drugs cleared by the kidneys, increasing adverse effects. Gabapentin is eliminated almost entirely by the kidneys, so when CrCl is below 60 mL/min its clearance drops and drug levels rise. Higher gabapentin levels amplify CNS effects such as dizziness, somnolence, confusion, and ataxia, making dose reduction appropriate in this setting. The other drugs listed are not predominantly limited by renal clearance in a way that would cause CNS effects at this CrCl threshold: atorvastatin is mainly hepatically cleared and not typically dose-adjusted for CNS risk in this context; metformin's main concern with reduced renal function is lactic acidosis rather than CNS effects; and albuterol, an inhaled bronchodilator, has minimal CNS impact and does not require adjustment for this renal measure.

3. Which statement about desiccated thyroid is correct?

A. It is the preferred thyroid replacement in older adults.

B. It is inappropriate for older adults due to cardiac concerns; safer alternatives available.

C. It has no safety concerns.

D. It is recommended for weight loss in older adults.

Desiccated thyroid carries cardiac risk and has unpredictable potency, making it inappropriate for older adults. In the elderly, thyroid hormone replacement needs careful, predictable dosing to avoid overtreatment that can trigger tachycardia, atrial fibrillation, and heart failure. Desiccated thyroid provides both T4 and T3 with variable strength, so it's harder to titrate safely. Safer, more standardized options exist—levothyroxine is preferred because its potency is consistent and dosing can be precisely adjusted, reducing cardiac risk. Thus, the best choice is that desiccated thyroid is inappropriate for older adults due to cardiac concerns, with safer alternatives available.

AMPLE

4. For prasugrel use in adults 75 years or older, what dosing consideration does Beers Criteria suggest?

A. Consider a lower dose (5 mg) for those 75 and older

B. Increase to 10 mg for faster effect

C. Avoid prasugrel entirely in all 75+ adults

D. No dose adjustment is necessary regardless of age

Older adults have a higher risk of bleeding with antiplatelet drugs, so Beers Criteria guides adjustments to reduce harm while preserving some protective effect. Prasugrel is effective but increases bleeding risk, and in people 75 years and older the recommended approach is to lower the maintenance dose to 5 mg daily rather than using the standard 10 mg. This dose reduction best balances benefit and safety in the elderly. Increasing to 10 mg would raise bleeding risk, and avoiding prasugrel entirely in all 75+ individuals is not what the guideline suggests. There is also no need for the dose to remain the same regardless of age, since age-related risk prompts this adjustment.

5. Which antiarrhythmic should be avoided as first-line therapy for atrial fibrillation unless the patient has heart failure or substantial LVH?

A. Dronedarone

B. Digoxin

C. Amiodarone

D. Sotalol

In older adults, antiarrhythmics can carry substantial toxicity and proarrhythmic risks, so the Beers criteria generally avoids using them as first-line for atrial fibrillation unless there is a specific structural heart issue such as heart failure or marked left ventricular hypertrophy. Amiodarone stands out here because, despite its long-term toxicity concerns, it has the most favorable safety profile for rhythm control in patients with heart failure or LVH compared with other antiarrhythmics. Other options either worsen heart failure, have high proarrhythmic risk in structural disease, or are mainly useful for rate control rather than rhythm control. Dronedarone is contraindicated in heart failure and LV dysfunction; digoxin is primarily for rate control; sotalol and dofetilide require careful monitoring for proarrhythmia; flecainide and propafenone are discouraged in structural heart disease. So amiodarone is the preferred choice only when heart failure or substantial LVH is present, making it the best answer to this scenario.

SAMPLE

6. Which insulin regimen is inappropriate due to higher risk of hypoglycemia and no improvement in hyperglycemia management regardless of care setting?

A. Insulin regimens containing only short- or rapid-acting insulin dosed according to current BG levels without concurrent basal or long-acting insulin

B. Basal insulin regimens with long-acting insulin

C. Premixed insulin regimens

D. Insulin therapy with both basal and bolus components

A regimen that uses only short- or rapid-acting insulin dosed according to current blood glucose, with no basal or long-acting insulin, is inappropriate because it fails to provide background insulin coverage. Without a basal component, fasting and between-meal glucose aren't controlled, so fasting hyperglycemia persists and overall glucose control doesn't improve. Dosing reactively based on current glucose also increases the risk of hypoglycemia if meals are delayed, irregular, or mis-timed, and it doesn't stabilize glucose across day and night. In contrast, regimens that include basal insulin (with or without bolus mealtime insulin) provide a steadier baseline and better address both fasting and postprandial glucose, reducing hypoglycemia risk in older adults.

7. 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.

8. Trospium is best described as which type?

A. Antimuscarinic for urinary incontinence

B. Antipsychotic

C. Antiparkinsonian

D. Skeletal muscle relaxant

Trospium is best described as an antimuscarinic agent used to treat urinary incontinence. It works by blocking muscarinic receptors in the bladder, which reduces detrusor muscle contractions and helps control overactive bladder and urge incontinence. Its quaternary ammonium structure limits its ability to cross the blood–brain barrier, so it tends to have fewer central nervous system side effects than some other antimuscarinics. This peripheral-focused action is especially relevant in older adults, where minimizing CNS anticholinergic burden is desirable. It is not an antipsychotic, not an antiparkinsonian, and not a skeletal muscle relaxant.

SAMPLE

9. Benztropine is best described as which type of agent?

A. Antiparkinsonian agent with strong anticholinergic properties

B. Antimuscarinic for urinary incontinence

C. Antipsychotic

D. Skeletal muscle relaxant

Benztropine is best described as an antiparkinsonian agent with strong anticholinergic properties. It works by blocking muscarinic receptors in the central nervous system, especially in the basal ganglia, which helps restore the balance between dopamine and acetylcholine that is disrupted in Parkinson disease and in drug-induced extrapyramidal symptoms. By reducing acetylcholine activity in these pathways, it helps lessen tremor and rigidity and improves motor control. Because of its anticholinergic effects, it can cause dry mouth, constipation, blurred vision, urinary retention, and confusion, which is why it requires careful use in older adults. It is not primarily used for urinary incontinence, nor is it an antipsychotic or a skeletal muscle relaxant, so those descriptions don't fit as well.

10. 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.

SAMPLE

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!

SAMPLE