



Alternatives to Diphenhydramine for Older Adults

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Disclaimer: These articles are the result of analyses carried out by the Medi-Cal Drug Use Review (DUR) Program and are not official policies of the Department of Health Care Services (DHCS).

Diphenhydramine was the first prescription antihistamine approved by the U.S. Food and Drug Administration (FDA) in 1946 and has since become a common over-the-counter (OTC) medication widely used to treat allergic reactions, seasonal allergies, common cold symptoms, motion sickness, and insomnia. Diphenhydramine is highly anticholinergic, with clearance reduced among those of advanced age. While use of diphenhydramine may be appropriate in situations such as acute treatment of severe allergic reaction, long-term use has the potential for developing tolerance, confusion, dry mouth, constipation, and other anticholinergic effects or toxicity. The [2023 American Geriatrics Society \(AGS\) Beers Criteria for Potentially Inappropriate Medication Use in Older Adults](#) recommends that individuals 65 years or older avoid use of first-generation antihistamines, including oral diphenhydramine.

Alternatives for Patients Taking Diphenhydramine

Generally, second-generation antihistamines (**Table 1**) are less sedating and are preferred for the treatment of allergic reactions among older adults.

Table 1. Selected Antihistamines Available on the Medi-Cal Rx Contract Drugs List *

Antihistamine
• Cetirizine HCl
• Desloratadine
• Fexofenadine HCl
• Levocetirizine dihydrochloride
• Loratadine

* For current information on covered products, check the [Medi-Cal Rx Contract Drugs List](#) page on the [Medi-Cal Rx Web Portal](#).