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PROTON PUMP INHIBITOR (PPI)

DEPRESCRIBING

Why is patient taking a PPI?

Indication still unknown

- Mild to moderate esophagitis or
- GERD treated x 4-8 weeks (esophagitis healed, symptoms controlled)

- Peptic Ulcer Disease treated x 2 - 12 weeks (from NSAID; H. pylori)
- Upper GI symptoms w/o endoscopy; asymptomatic for 3 consecutive days
- ICU stress ulcer prophylaxis treated beyond ICU admission
- Uncomplicated H. pylori treated x 2 weeks & asymptomatic

RECOMMEND
DEPRESCRIBING

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Recommend Deprescribing

Strong Recommendation (from Systematic Review and GRADE approach)

Decrease to lower dose

(evidence suggests no increased risk in return of symptoms compared to continuing higher dose), or

Stop and use on-demand

(daily until symptoms stop) (1/10 patients may have return of symptoms)

Monitor at 4 and 12 weeks

If verbal:

- Heartburn
- Regurgitation
- Dyspepsia
- Epigastric pain

If non-verbal:

- Loss of appetite
- Weight loss
- Agitation

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Use non-drug approaches

- Avoid meals 2–3 hours before bedtime; elevate head of bed; address if need for weight loss and avoid dietary triggers

Manage occasional symptoms

- OTC antacid, H₂ receptor antagonist, PPI, alginate prn
- H₂RA daily (weak recommendation – GRADE; 1/5 patients may have symptoms return)

If symptoms relapse:

If symptoms persist x 3 – 7 days and interfere with normal activity:

- 1) Test and treat for *H. pylori*
- 2) Consider return to previous dose

PPI	Standard Dose (healing) (once daily)	Low dose (maintenance) (once daily)
OMEPRAZOLE	20 mg	10 mg
ESOMEPRAZOLE	20 or 40 mg	20 mg
LANSOPRAZOLE	30 mg	15 mg
PANTAPRAZOLE	40 mg	20 mg



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Engaging patients & caregiver

Patients and/or caregivers may be more likely to engage if they understand the rationale for describing (risks of continued PPI use; long-term therapy may be necessary), the deprescribing process

PPI side effects

- When an ongoing indication is unclear, the risk of side effects may outweigh the chance of benefit
- PPIs – risk of fractures, *C. difficile* & diarrhea, community-acquired pneumonia, vit B12 deficiency & hypomagnesemia

Tapering doses

- No evidence that one tapering approach is better than another
- Lowering the PPI dose (For eg – from BD to OD or halving the dose, taking every 2nd day) OR stopping the PPI & using it **on-demand**.

On-demand definition:

Daily intake of a PPI for a period sufficient to achieve resolution of individual's reflux-related symptoms;
Symptom resolution → medication is discontinued until the individual's symptoms recur → medication is taken daily