PHARMD ACADEMY

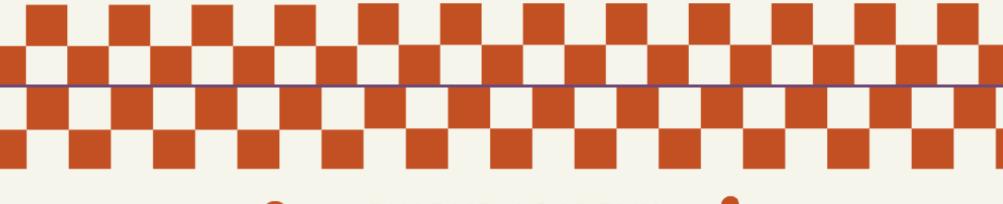
PROTON PUMP INHHIBITOR (PPI) **DEPRESCRIBING**

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





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Recommend Deprescribing

Strong Recommendation (from Systematic Review and GRADE approach)

dose

Decrease to lower (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

- 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