Proton Pump Inhibitor – Pharmaceutical Opinion

SaferMedsNL

Patient Information

Name: _____

DOB: _____

MCP: _____

PPI (drug/dose): _____ **(drug)** **(dose)**

Date: _____

Prescriber: _____

Tel # _____ **Fax #** _____

Pharmacist: _____

Pharmacy: _____

Tel # _____ **Fax #** _____

For most indications, PPI use beyond 12 weeks provides little benefit yet increases the risk of adverse events. **The Canadian Association of Gastroenterology and Clinical Practice Guidelines recommend deprescribing PPIs at least once per year unless the patient has one of the following indications:**

- ✓ Chronic NSAID users with bleeding risk
- ✓ Documented history of bleeding GI ulcer
- ✓ Barrett's esophagus
- ✓ Severe esophagitis

Long-term PPI use may be associated with increases in: vitamin B12 deficiency, *C. difficile* infection, community-acquired pneumonia, fractures, renal complications and hypomagnesemia.

Pharmacist Report ***(Indicate all that apply by checking boxes)***

- ☐ Our patient has been taking a PPI for over 12 weeks
- ☐ To the best of my knowledge, our patient does not have an indication for long term PPI use
- ☐ Educational brochure on PPI deprescribing provided to patient following pharmacist consultation
- ☐ Please consider this patient as a candidate for PPI deprescribing

Pharmacist Comments or Recommendations ***(Optional):***

Options to minimise rebound symptoms following deprescribing

- Use PPI only as needed
- Decrease PPI to a lower dose for 4 weeks then stop
- Switch to H2 Receptor Antagonist (H2RA)/alginate/antacid as needed

Prescriber Comments to Pharmacist ***(Optional):***

Resources and references available at: SaferMedsNL.ca

Safer MedsNL

Association of Registered Nurses of Newfoundland and Labrador

PANL Pharmacists' Association of Newfoundland and Labrador

Newfoundland and Labrador Medical Association

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deprescribing.org | Proton Pump Inhibitor (PPI) Algorithm

December 2018: Algorithm modified by the Canadian Deprescribing Network and SaferMedsNL in accordance with the Bruyère Deprescribing Guidelines Research Team's Modification Policy. Second page has been removed. Original materials available at https://tinyurl.com/yag638uz.

Why is patient taking a PPI?

If unsure, find out if history of endoscopy, if ever hospitalized for bleeding ulcer or if taking because of chronic NSAID use in past, if ever had heartburn or dyspepsia

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 without endoscopy; asymptomatic for 3 consecutive days
- ICU stress ulcer prophylaxis treated beyond ICU admission
- Uncomplicated H. pylori treated x 2 weeks and asymptomatic

- Barrett's esophagus
- Chronic NSAID users with bleeding risk
- Severe esophagitis
- Documented history of bleeding GI ulcer

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)

Stop PPI

Continue PPI

or consult gastroenterologist if considering deprescribing

Monitor at 4 and 12 weeks

If verbal:
- Heartburn
- Regurgitation
- Dyspepsia
- Epigastric pain

If non-verbal:
- Loss of appetite
- Agitation
- Weight loss

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
- Over-the-counter antacid, H2RA, PPI, alginate prn (ie. Tums®, Rolaids®, Zantac®, Olex®, Gaviscon®)
- 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

B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. Can Fam Physician 2017;63:354-64 (Eng), e253-65 (Fr).

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