

deprescribing.org | Proton Pump Inhibitor (PPI) Deprescribing Algorithm

Why is patient taking a PPI? Indication still If unsure, find out if history of endoscopy, if ever hospitalized for bleeding ulcer or if taking because of chronic unknown? NSAID use in past, if ever had heartburn or dyspepsia Mild to moderate esophagitis or Peptic Ulcer Disease treated x 2-12 weeks (from NSAID; H. pylori) Barrett's esophagus GERD treated x 4-8 weeks Upper Gl symptoms without endoscopy; asymptomatic for 3 consecutive days Chronic NSAID users with bleeding risk (esophagitis healed, symptoms ICU stress ulcer prophylaxis treated beyond ICU admission Severe esophagitis controlled) Uncomplicated H. pylori treated x 2 weeks and asymptomatic Documented history of bleeding GI ulcer Recommend Deprescribing Strong Recommendation (from Systematic Review and GRADE approach) Continue PPI (evidence suggests no increased risk in return of Decrease to lower dose symptoms compared to continuing higher dose), or Stop PPI or consult gastroenterologist if (daily until symptoms stop) (1/10 patients may considering deprescribing Stop and use on-demand have return of symptoms) Monitor at 4 and 12 weeks If verbal: If non-verbal: Heartburn · Loss of appetite · Weight loss Dyspepsia Regurgitation Epigastric pain Agitation Use non-drug approaches Manage occasional symptoms If symptoms relapse: · Over-the-counter antacid, H2RA, PPI, alginate prn Avoid meals 2-3 hours before If symptoms persist x 3 - 7 days and bedtime; elevate head of bed; (ie. Tums®, Rolaids®, Zantac®, Olex®, Gaviscon®) interfere with normal activity: address if need for weight loss and H2RA daily (weak recommendation – GRADE; 1/5 1) Test and treat for H. pylori avoid dietary triggers patients may have symptoms return) 2) Consider return to previous dose

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PPI Availability in Australia

PPI	Standard dose (healing) (once daily)*	Low dose (maintenance dose) (once daily)
Omeprazole (Losec®) – Tablet	20mg	10mg
Esomeprazole (Nexium ®) – Tablet, Granule	20mg ^a or 40mg ^b	40mg
Lansoprazole (Zoton ®) – Tablet	30mg	15mg
Pantoprazole (Somac ®) – Tablet, Granule	40mg	20mg
Rabeprazole (Pariet ®) – Tablet	20mg	10mg

Legend

a Non-erosive reflux disease b Reflux esophagitis

* Standard dose PPI taken BID only indicated in treatment of peptic ulcer caused by H. pylori; PPI should generally be stopped once eradication therapy is complete unless risk factors warrant continuing PPI (see guideline for details)

Key

GERD = gastroesophageal reflux disease

SR = systematic review

NSAID = nonsteroidal anti-inflammatory

GRADE = Grading of Recommendations Assessment, Development and Evaluation

H2RA = H2 receptor antagonist

Engaging patients and caregivers

Patients and/or caregivers may be more likely to engage if they understand the rationale for deprescribing (risks of continued PPI use; long-term therapy may not be necessary), and the deprescribing process

PPI side effects

- When an ongoing indication is unclear, the risk of side effects may outweigh the risk of benefit
- PPIs are associated with higher risk of fractures, C. difficile infections and diarrhea, community-acquired pneumonia, vitamin B12 deficiency and hypomagnesemia
- Common side effects include headache, nausea, diarrhea and rash

Tapering doses

- No evidence that one tapering approach is better than another
- Lowering the PPI dose (for example, from twice daily to once daily, or halving the dose, or taking every second day) OR stopping the PPI and using it on-demand are equally recommended strong options
- Choose what is most convenient and acceptable to the patient

On-demand definition

Daily intake of a PPI for a period sufficient to achieve resolution of the individual's reflux-related symptoms; following symptom resolution, the medication is discontinued until the individual's symptoms recur, at which point, medication is again taken daily until the symptoms resolve

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