

Indication still

unknown?

## 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

- 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 Dyspepsia
- Regurgitation Epigastric pain

If non-verbal:

- Loss of appetite
   Weight loss
- Agitation

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<sup>®</sup>, Rolaids<sup>®</sup>, Zantac<sup>®</sup>, Olex<sup>®</sup>, Gaviscon<sup>®</sup>)
- 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

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# Proton Pump Inhibitor (PPI) Deprescribing Notes

### **PPI Availability**

| PPI                                          | Standard dose<br>(healing) (once daily)* | Low dose (maintenance)<br>(once daily) |
|----------------------------------------------|------------------------------------------|----------------------------------------|
| Omeprazole<br>(Losec°) - Capsule             | 20 mg <sup>+</sup>                       | 10 mg <sup>+</sup>                     |
| Esomeprazole<br>(Nexium°) - Tablet           | 20 <sup>a</sup> or 40 <sup>b</sup> mg    | 20 mg                                  |
| Lansoprazole<br>(Prevacid*) - Capsule        | 30 mg <sup>+</sup>                       | 15 mg <sup>+</sup>                     |
| Dexlansoprazole<br>(Dexilant®) - Tablet      | 30 <sup>c</sup> or 60 <sup>d</sup> mg    | 30 mg                                  |
| Pantoprazole<br>(Tecta*, Pantoloc*) - Tablet | 40 mg                                    | 20 mg                                  |
| Rabeprazole<br>(Pariet°) - Tablet            | 20 mg                                    | 10 mg                                  |

### Legend

| а | Non-er | osive | reflux | disease |
|---|--------|-------|--------|---------|
| а | NOHEL  | USIVE | ICIIUX | uiscasc |

b Reflux esophagitis

c Symptomatic non-erosive gastroesophageal reflux disease

d Healing of erosive esophagitis

+ Can be sprinkled on food

\* 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 r | eflux disease |
|---------------------------|---------------|
|---------------------------|---------------|

SR = systematic review

NSAID = nonsteroidal anti-inflammatory drugs

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 chance 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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