

Proton Pump Inhibitor (PPI) Deprescribing

Deprescribing decisions should be a collaborative process and made in the context of the patients overall health and personal goals.

A conversation guide for assessing PPI use
For acute care clinicians

Your patient is on a PPI on admission. Can you deprescribe?

Determine indication for PPI
(Medication reconciliation on admission, best possible medication history, patient interview, patient history and consultation notes, Netcare search, contact community health professional)

- PPI indication**
- GERD with or without endoscopic esophagitis with resolved symptoms and completed 4 - 8 week treatment
 - Dyspepsia with or without burning sensation with resolved symptoms and completed 4- 8 week treatment
 - Uncomplicated *H. pylori* with resolved symptoms. Completed antibiotic course and with confirmed *H. pylori* cure
 - Bleeding ulcer or suspected upper GI bleed with known cause (*H. pylori*, NSAID) resolved, symptoms resolved and completed 16 week PPI treatment**
 - Stress ulcer prophylaxis from previous ICU admission and no longer indicated
 - PPI initiation for NSAID prophylaxis and NSAID no longer required
 - No indication or unclear indication after evaluation of patient information

Yes, you can deprescribe

- PPI indication**
- Barrett's Esophagus
 - Erosive or Reflux esophagitis Los Angeles Grade C or D
 - Frequent symptoms of GERD (2 times per week or more) and/ or prolonged symptoms that have a significant effect on daily activities with or without endoscopic esophagitis
 - Documented history of gastrointestinal bleeding from peptic ulcer disease for which a cause (e.g. *H. pylori* or NSAID use) has not been identified or addressed
 - Patients using NSAIDs who are at risk for the development of peptic ulcer disease including:
 - history of peptic ulcer (e.g. especially those with complications such as bleeding) OR
 - ≥ 2 of the following risk factors: age older than 65, regular use of NSAIDs, concurrent use of corticosteroids, anticoagulants and those who are using aspirin and concurrently an anti-platelet agent or those using aspirin and concurrently a NSAID

Continue PPI therapy: If deprescribing still considered consult Gastroenterologist

Strategies to Deprescribe
Goal is to use the lowest dose for the shortest duration of time that provides symptom control

Superiority has not been demonstrated between approaches and should be based on patient/care provider discussion

Strategies include:

- reduce/tapering dose; suggest if twice daily go to once daily dosing
- on demand use
- discontinuation

**Taper PPI only, consider strategies for long term withdrawal. If uncertain consider GI consult.

How do you monitor PPI deprescribing?

- symptom recurrence
 - educate patient on rebound hypersecretion and incidence of minor temporary dyspepsia symptoms that may occur in 1-2 weeks after deprescribing
 - frequency of on demand or as needed use if applicable; go to lowest dose that prevents symptoms from occurring
 - Follow up at 4 and 12 weeks
- **If persistent symptoms for 3-7 days and interfering with normal activities, consider returning to previous dose. Consider need for further investigation.**

Transitions of Care (transfer/discharge)

- Medication reconciliation includes indication, intended duration of therapy, and deprescribing plan for PPI's. If deprescribing not pursued during admission consider a follow up note for Community Health Provider/FP to initiate discussion with patient.
- Short-term use (eg. stress ulcer prophylaxis in an ICU setting) has been reassessed
- Education has been provided to patient including indication for PPI and plans for chronic dosing or reassessment in community; discuss non pharmacological approaches such as tobacco reduction and weight loss as they are important risk factors for GERD and ulcers.(tobacco for GERD and PUD; Obesity for GERD)

- Deprescribing Tools and Resources:**
- [Digestive Health SCN PPI Guideline](#)
 - [Deprescribing proton pump inhibitors - CPGs](#)
 - [Choosing Wisely Canada - Gastroenterology](#)
 - [Choosing Wisely Canada - GERD](#)
 - [Deprescribing.org PPI Deprescribing Algorithm](#)
 - [Patient Education Tools](#)

- Tobacco Reduction Resources:**
- [AHS Tobacco Reduction Program](#)
 - [Alberta Quits](#)



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