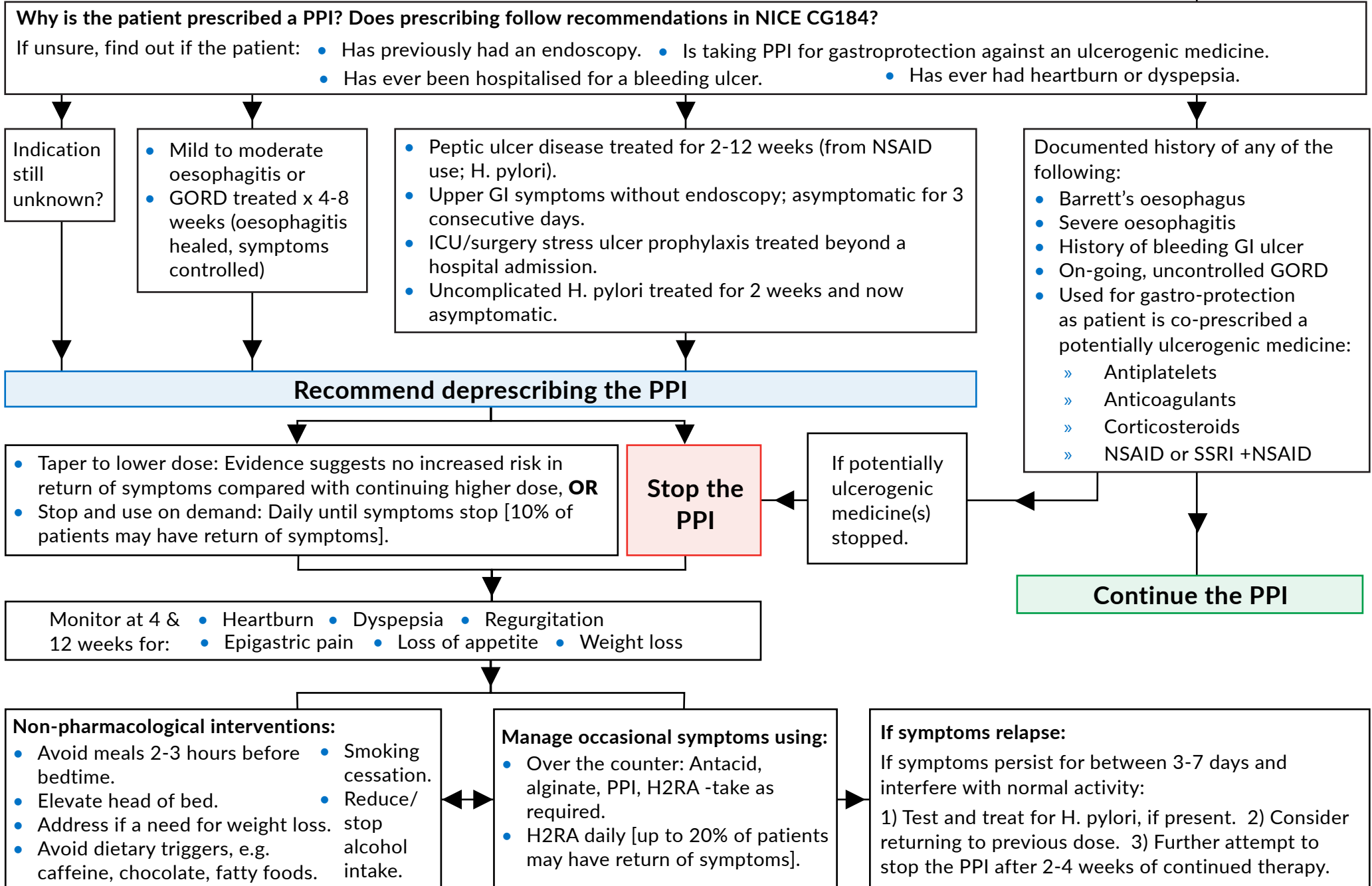


Proton Pump Inhibitor (PPI): Deprescribing algorithm (adults)



Proton Pump Inhibitor (PPI): Deprescribing notes

General principles of deprescribing

Treat the patient as an individual, use shared decision-making – patients are more likely to engage if they understand the rationale for deprescribing at initiation of a new medicine.

Taper doses, unless a severe adverse drug event (ADE or side effect) is experienced.

Patients with multimorbidity who are treated according to guidelines are prescribed a large number of medicines. This polypharmacy increases the risk of an ADE. Stopping medication may relieve these effects, and thereby improve the patient's wellbeing.

Specific therapeutic information

A short course of a PPI with review and stopping criteria is appropriate for some indications.

Risks of PPIs if used long-term include: increased fractures; C difficile infections; diarrhoea; community acquired pneumonia; vitamin B12 deficiency; hypomagnesaemia; dementia; acute interstitial nephritis and chronic kidney disease.

The risk of side effects may outweigh the benefits when an on-going indication is unclear.

Efficacy of PPIs in patients without erosions is lower than in those with established erosions.

Tapering doses: There is no evidence one approach is best, but gradual step down reduces the risk of rebound hyperacidity and the need to reinstate. Advise patients there may be an increase in symptoms for a few days.

Offer lifestyle advice along with reducing the frequency and dose or stopping the PPI and advise use on demand. Use shared decision-making to understand what is convenient and acceptable to the patient.

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PPI (ranked as increasing cost in July 2016 Drug Tariff)

PPI (formulation if appropriate)	Standard dose (healing) (once daily)*	Low dose (maintenance) (once daily)
Omeprazole (as capsules)	20mg+	10mg+
Lansoprazole (as capsules)	30mg+	15mg+
Pantaprazole	40mg	20mg
Rabeprazole	20mg	10mg
Esomeprazole	20 ^a or 40 ^b mg	20mg

Posology and method of administration can be found in the individual Summary of Product Characteristics (SPC).

a Non-erosive reflux disease b Reflux oesophagitis + Can be sprinkled on food * Standard dose PPI taken BD 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.