

Why should I consider deprescribing proton pump inhibitors for some patients?

PPIs can effectively manage a number of gastrointestinal disorders, including gastroesophageal reflux disease (GERD), reflux esophagitis and *Helicobacter pylori*-associated peptic ulcer disease. However, 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 a long-term indication.

When should a PPI be continued long term?

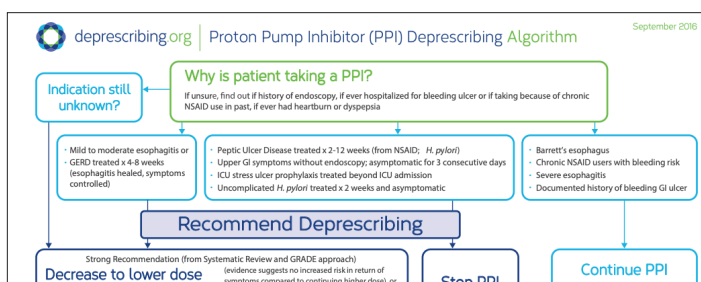
- Barrett's esophagus
- Severe esophagitis
- Chronic NSAID users with bleeding risk
- Documented history of bleeding GI ulcer

Is long-term use of proton pump inhibitors associated with harm?

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

Whose PPI should be deprescribed?

Check out the [evidence-based deprescribing algorithm](#) created by our collaborators at Bruyère Research Institute.



Evidence-based deprescribing algorithm

Note: the algorithm highlights that if there is no known indication, then the patient is a suitable candidate for deprescribing.

How does Newfoundland and Labrador compare with the rest of Canada?

30% of seniors take a PPI for longer than 12 months.



This means Newfoundland and Labrador has the highest prevalence of long-term PPI use in Canada.

What is the best approach to deprescribing PPIs?

There are two equally effective options for PPI deprescribing:

1. Reducing the dose, before stopping
2. Stopping the PPI and using it as needed (on demand)

H2RAs, antacids or alginates can be used as needed to manage occasional symptoms however there is a higher chance of symptom return with this approach. Talk to your patient and/or caregivers to identify what is most convenient and acceptable to them.

Will symptoms come back when I deprescribe a PPI?

Up to 50%

of patients who have been on long-term PPIs may experience short-term rebound symptoms following abrupt PPI withdrawal. This can be managed.

Note: this is not a return of the original condition and **does not indicate a need for ongoing therapy**. Talk to your patient about preventing and managing short-term rebound symptoms. Educating patients about tapering regimes, providing advice on managing occasional symptoms and emphasizing realistic goals (that symptoms will go away in a few weeks) are important steps to successful deprescribing of PPIs.

Have you seen the SaferMedsNL proton pump inhibitor care plan recommendation?

The [proton pump inhibitor care plan recommendation](#) (also called a pharmaceutical opinion) is an evidence-based form to facilitate communication of a recommendation to deprescribe PPIs between a pharmacist and a prescriber. The form can be used by pharmacists to provide prescribers with relevant clinical information to guide a decision about whether a PPI should be continued or deprescribed.



Pharmacists are encouraged to:

- Talk to the patient about their symptoms and PPI use
- Provide educational materials (see links below)
- Complete a PPI care plan recommendation and fax to physician



Prescribers are encouraged to:

- Review clinical information provided through the PPI care plan recommendation
- Advise whether deprescribing is appropriate or not by faxing the form back to the pharmacist
- Talk to the patient if additional information is required

[Recent Canadian evidence](#) supports this approach as a quick and effective way of reducing potentially harmful and unnecessary medications.

Looking for more information?

More information about SaferMedsNL can be found on the website [SaferMedsNL.ca](#). Here you will find access to a range of evidence-based resources including:

- The [proton pump inhibitor care plan recommendation](#)
- A [patient educational brochure on PPI use](#)
- The [PPI deprescribing algorithm](#) to help identify which patients would benefit from deprescribing
- The [Clinical Practice Guidelines for PPI deprescribing](#)
- [Whiteboard educational videos on deprescribing PPIs](#)

And much more...

Proton Pump Inhibitor Care Plan Recommendation SaferMedsNL

| | |
|--|---|
| Patient Information: Name: _____ DOB: _____ MCP: _____ PPI (drug/dose): _____ (drug) _____ (dose) | 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.

| | |
|---|--|
| Deprescribing Recommendation (Indicate all that apply by checking boxes) <input type="checkbox"/> Our patient has been taking a PPI for over 12 weeks <input type="checkbox"/> To the best of my knowledge, our patient does not have an indication for long term PPI use. <input type="checkbox"/> I have talked with our patient about their current PPI use and provided an educational brochure on PPI deprescribing <input type="checkbox"/> Our patient would like to talk with you before they deprescribe their PPI <input type="checkbox"/> Deprescribe PPI: After consultation with our patient, I recommend the following approach to PPI deprescribing: (Please circle A, B, or C) A. Advise patient to use current supply of PPI only as needed (on demand) B. Decrease PPI to a lower dose _____ mg for _____ weeks than stop C. Switch to H2 Receptor Antagonist (H2RA) (e.g. ranitidine/antacid on demand (as needed)) <input type="checkbox"/> I will follow up with our patient to monitor outcome of deprescribing PPI. | NOTE: Abrupt PPI withdrawal can commonly cause short term rebound symptoms. Options A and B are both strong recommendations for reducing withdrawal symptoms. Alternatives such as H2RAs, ranitidine and antacids may be less effective at preventing withdrawal symptoms. See back for further details. |
|---|--|

Pharmacist Comments: _____ Date: _____

| | |
|---|---|
| Response (Indicate one by checking box) <input type="checkbox"/> Deprescribe as per Recommendation A <input type="checkbox"/> Deprescribe as per recommendation B or C and replace with: (complete details to the right) <input type="checkbox"/> Do not discontinue PPI because: _____ | Medication: _____ Dose: _____ Instructions for Use: _____ Quantity: _____ Refills: _____ Duration: _____ Prescriber Signature: _____ Licence #: _____ Date: _____ |
|---|---|

PLEASE RETURN TO PHARMACY VIA FAX NUMBER ABOVE

Recommended resources: [deprescribing.ca/resources/deprescribing-guidelines-algorithm](#), [deprescribingnetwork.ca/patient-handout](#)
 References: Abramowitz et al. Otolaryngol-Head Neck Surg. 2016;155(4):547-554, Bernmeier et al. JAMA. 2016 Jun 14;315(24):2957-2962, Canadian Association of Gastroenterology. 2017. Available at: [http://www.cagastro.org/clinical-practice-guidelines/deprescribing](#), Schoenfeld & Goss. JAMA Intern Med 2016;136:133-134, Farnell et al. Can Fam Physician 2017;63:354-64. Available: [www.cfp.ca/content/63/5/354](#)

Proton pump inhibitor care plan recommendation

Do I still need this medication?

You are currently taking a proton pump inhibitor (PPI):

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|--|---|
| <input type="checkbox"/> Dexlansoprazole (Dexlanti®) | <input type="checkbox"/> Pantoprazole sodium (Pantoloc®), Pantlo (V®) |
| <input type="checkbox"/> Esomeprazole (Nexium®) | <input type="checkbox"/> Pantoprazole magnesium (Tecta®) |
| <input type="checkbox"/> Omeprazole (Losec®), Olev®) | <input type="checkbox"/> Rabeprazole (Pariet®) |
| <input type="checkbox"/> Lansoprazole (Prevacid®, Prevacid Fast Tabs®) | |

* Generic brands often start with the words: Apo, Novo, Pms, Ratio, Sanis, Teva

Do I need to continue taking my PPI?

Check all that apply:

Every day, I take medication that can irritate the stomach, such as anti-inflammatory medication (e.g. ibuprofen or corticosteroids).

I had a major stomach bleed.

If you tick this box, speak to your doctor about your specific circumstances.

I was referred to a gastroenterologist, who looked down my throat with a camera and diagnosed me with:

Barrett's esophagitis.

Severe erosive esophagitis.

If you checked any of these statements, then long-term use of PPIs is usually recommended.

If you don't know the answers, you should talk to your doctor before stopping your PPI.

When you need a PPI, you should take the lowest dose for the shortest amount of time possible.

6 You May Be at Risk

Patient educational brochure

What is SaferMedsNL?

SaferMedsNL is a public awareness initiative that brings together patient advocates, community organizations, healthcare professionals, academic researchers and government to improve medication use through deprescribing potentially harmful or unnecessary medications. [Click here](#) to find out more.