



# Do I still need this medication?

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

- Dexlansoprazole (Dexilant®)
- Esomeprazole (Nexium®)
- Omeprazole (Losec®, Olex®)
- Lansoprazole (Prevacid®, Prevacid Fast Tab®)
- Pantoprazole sodium (Pantoloc®)
- Pantoprazole magnesium (Tecta®)
- Rabeprazole (Pariet®)

\* The most common brand names are listed above. Other brands including generic brands are available. Generic brands often start with the words: Apo, Pms, Ran, Mylan, Sandoz, Teva, and other generic equivalents.

# TEST YOUR KNOWLEDGE ABOUT THIS MEDICATION



# QUIZ

## Proton pump inhibitors (PPI)

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1. PPIs are sometimes prescribed for heartburn and acid reflux.  **TRUE**  **FALSE**
2. More than half of all people taking PPIs probably do not need them.  **TRUE**  **FALSE**
3. There are no risks involved in taking PPIs for a long time.  **TRUE**  **FALSE**
4. PPIs are the best option to treat occasional heartburn.  **TRUE**  **FALSE**



# ANSWERS



# 1. TRUE

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Proton pump inhibitors (PPIs) are sometimes prescribed to treat heartburn and acid reflux. PPIs reduce the production of acid in the stomach. The stomach produces acid to help break down food, but sometimes the acid can reflux back up the throat and cause discomfort, pain or burning.

# 2. TRUE

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To treat occasional heartburn, it is recommended to take antacids (for example Tums® or Rolaids®) as needed. Should your condition require you to take a PPI, your physician should prescribe the lowest dose for the shortest amount of time possible. The next page lists reasons why PPIs should be continued or stopped.

# 3. FALSE

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Taking a PPI for longer than 4 to 12 weeks has been linked to:

- A higher risk of hip fractures
- Pneumonia
- An infection in the gut caused by the bacteria *Clostridium difficile*, which can lead to severe diarrhea, fever, and in rare cases, death
- A higher risk of kidney problems
- Rare instances of vitamin B12 or magnesium deficiency

# 4. FALSE


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Not everyone who has heartburn needs a PPI. If you suffer from occasional heartburn, over-the-counter antacids will very likely provide relief. You can also ease heartburn without medications. This brochure explains how.

# Do I need to **continue** taking my PPI?

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## Check all that apply:

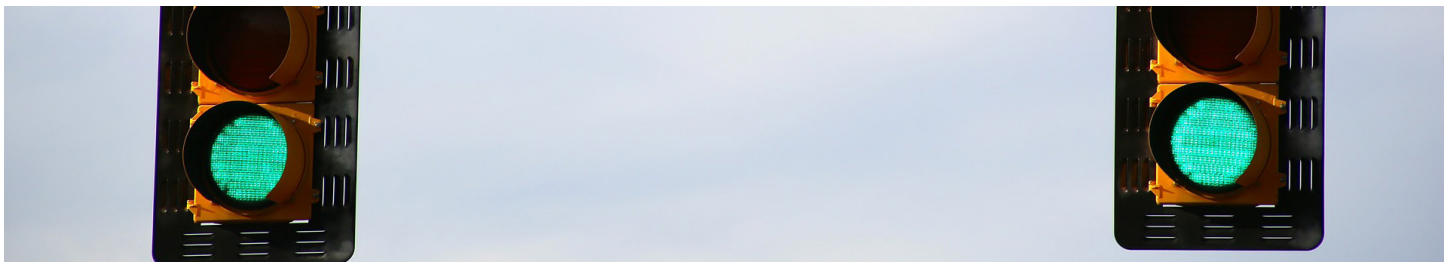
- Every day, I take medication that can irritate the stomach, such as anti-inflammatory medication (e.g. ibuprofen or corticosteroids).
- I had a major stomach bleed.
-  If you tick this box, speak to your doctor about your specific circumstances.

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.**

# Do I need to **stop** taking my PPI?

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## Check all that apply:

- I no longer have heartburn.
- My symptoms are infrequent.
- I have been taking my PPI for longer than 12 weeks and I did not check any of the statements on the previous page (page 6).

If you checked any of these statements, continue reading about how to stop your PPI.



**Please consult your doctor, nurse or pharmacist before stopping any medication.**

# ALTERNATIVES

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If you do not need to continue taking your PPI, talk to your doctor, nurse or pharmacist about stopping it.

As an alternative to taking a PPI, you can try these simple changes in your diet and lifestyle to prevent heartburn:

- **Watch what you eat.** The following foods may trigger your heartburn. You might want to avoid:
  - Fried, fatty or junk food
  - Citrus fruits
  - Food with lots of tomatoes
  - Onions and garlic
  - Spicy food
  - Alcohol
- **Eat smaller meals**
- **Avoid alcoholic beverages**
- **Stop smoking.** Studies show that smoking increases your risk of heartburn and acid reflux.
- **Maintain a healthy weight.** Excess weight can increase your risk of heartburn or acid reflux.
- **Avoid eating just before bed or lying down.** If you suffer from heartburn while sleeping, try raising the head of your bed by 6-8 inches or try using extra pillows.
- **Do not wear tight clothes.** The added pressure from tight-fitting clothing or belts that constrict your abdomen can make heartburn worse.





## MR. MURPHY'S STORY

He was taking a proton pump inhibitor (PPI) to relieve heartburn. He was taking rabeprazole (Pariet®).

“I had been taking Pariet® for at least two years to relieve heartburn. When I went to renew my prescription, my pharmacist noticed I'd been taking my PPI for longer than necessary and advised my doctor. At my next medical visit, my doctor suggested I stop taking Pariet®, as new guidelines show that taking a PPI for more than 12 weeks is linked to harmful effects.

I took his advice and gradually stopped my PPI. Now when I get heartburn every now and then, I take an antacid and it does the job.

I also made lifestyle changes. I stopped smoking and I lost a few pounds. Not only did my heartburn almost disappear, but these changes are having a very positive impact on my overall health.

When I know I will be having a big meal, I try to avoid foods that can cause heartburn. I do not drink coffee, I limit my consumption of alcohol and I go out for a walk after dinner.

I know PPIs are powerful drugs that can have side effects. My doctor and I have agreed that if I need them again, then I will use the smallest dose possible and for just a few weeks.”

# TAPERING-OFF PROGRAM

If you have been taking PPIs for a while, your stomach is probably used to their effect. For some people, suddenly stopping PPIs can lead to rebound acidity and worsening symptoms for a couple of weeks. To minimise these symptoms, it is recommended to slowly taper PPIs over four weeks prior to stopping.

**There are 3 approaches that are equally effective in preventing symptom return when you stop your PPI:**

1. You can use your PPI or alternatives such as ranitidine (Zantac®) or antacids (for example Tums®, Roloids® or Maalox®) to keep control of your symptoms, only when needed.
2. One approach is to ask your physician to write a new prescription for only half the dose and take this for four weeks, then stop.
3. Alternatively, you can simply skip a pill every second day for four weeks, then stop.

WEEKS	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1		●		●		●		
2	●		●		●		●	
3		●		●		●		
4	●		●		●		●	



**Most PPI tablets cannot be cut. Please talk with your pharmacist before cutting your PPIs.**

**Make a special appointment to review your medications with your doctor, nurse or pharmacist.**

**Consult with a health care professional before deciding to taper off your PPIs. You may be on other medications (e.g. anti-inflammatory drugs or corticosteroids), which require you to stay on PPIs or switch to another stomach protective agent.**



# 5 QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

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1. Do I need to continue my medication?
  2. How do I reduce my dose?
  3. Is there an alternative treatment?
  4. What symptoms should I look for when I stop my medication?
  5. With whom do I follow up and when?
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## Questions I want to ask my health care provider about my medication

Use this space to write down questions you may want to ask:


This brochure can be found online at: [SaferMedsNL.ca](http://SaferMedsNL.ca)