



© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Contact [deprescribing@bruyere.org](mailto:deprescribing@bruyere.org) or visit [deprescribing.org](http://deprescribing.org) for more information.

Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. *Can Fam Physician* 2017;63:354-64 (Eng), e253-65 (Fr).



deprescribing.org

INSTITUT DE RECHERCHE

Bruyère  
RESEARCH INSTITUTE

open+  
ONTARIO PHARMACY RESEARCH COLLABORATION



### PPI Availability

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

### Legend

a Non-erosive reflux disease	* Standard dose PPI taken BID only indicated in treatment of peptic ulcer caused by <i>H. pylori</i> ; PPI should generally be stopped once eradication therapy is complete unless risk factors warrant continuing PPI (see guideline for details)
b Reflux esophagitis	
c Symptomatic non-erosive gastroesophageal reflux disease	
d Healing of erosive esophagitis	
+ Can be sprinkled on food	

### Key

GERD = gastroesophageal reflux 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

© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.

This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Contact [deprescribing@bruyere.org](mailto:deprescribing@bruyere.org) or visit [deprescribing.org](http://deprescribing.org) for more information.

Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. *Can Fam Physician* 2017;63:354-64 (Eng), e253-65 (Fr).

