Why is patient taking a PPI?

- If unsure, find out if history of endoscopy, if ever hospitalized for bleeding ulcer or if taking because of chronic NSAID use in past, if ever had heartburn or dyspepsia

Recommend Deprescribing

Strong Recommendation (from Systematic Review and GRADE approach)
- Decrease to lower dose
  - (evidence suggests no increased risk in return of symptoms compared to continuing higher dose), or
- Stop and use on-demand
  - (daily until symptoms stop) (1/10 patients may have return of symptoms)

Monitor at 4 and 12 weeks

- If verbal:
  - Heartburn
  - Regurgitation
  - Epigastric pain
- If non-verbal:
  - Loss of appetite
  - Weight loss
  - Agitation

Use non-drug approaches
- Avoid meals 2-3 hours before bedtime; elevate head of bed; address if need for weight loss and avoid dietary triggers

Manage occasional symptoms
- Over-the-counter antacid, H2RA, PPI, alginate prn (ie. Tums®, Rolaids®, Zantac®, Olex®, Gaviscon*)
- H2RA daily (weak recommendation – GRADE; 1/5 patients may have symptoms return)

Continue PPI

- or consult gastroenterologist if considering deprescribing

If symptoms relapse:
- If symptoms persist x 3 – 7 days and interfere with normal activity:
  1) Test and treat for H. pylori
  2) Consider return to previous dose

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### PPI Availability

<table>
<thead>
<tr>
<th>PPI</th>
<th>Standard dose (healing) (once daily)*</th>
<th>Low dose (maintenance) (once daily)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omeprazole (Losec®) - Capsule</td>
<td>20 mg(^a) or 40 mg(^b)</td>
<td>10 mg()</td>
</tr>
<tr>
<td>Esomeprazole (Nexium®) - Tablet</td>
<td>20 mg()</td>
<td>20 mg()</td>
</tr>
<tr>
<td>Lansoprazole (Prevacid®) - Capsule</td>
<td>30 mg()</td>
<td>15 mg()</td>
</tr>
<tr>
<td>Dexamethasone ( dexilant® ) - Tablet</td>
<td>30 mg()</td>
<td>30 mg()</td>
</tr>
<tr>
<td>Pantoprazole (Tecta®, Pantoloc®) - Tablet</td>
<td>40 mg()</td>
<td>20 mg()</td>
</tr>
<tr>
<td>Rabeprazole (Pariet®) - Tablet</td>
<td>20 mg()</td>
<td>10 mg()</td>
</tr>
</tbody>
</table>

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### 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.

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### 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.

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### 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.

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### 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.