

PPI Long-term therapy Primary care best practices

Beyond 12 months is long-term PPI therapy

Help reduce overuse or inappropriate use of medications

PPI therapy is indicated when

GERD with or without endoscopic esophagitis	Dyspepsia with or without burning sensation	Gastric or Duodenal ulcers	Helicobacter Pylori (H. Pylori)	NSAID prophylaxis
<p>Start therapy if symptoms are moderate to severe:</p> <ul style="list-style-type: none"> • ≥ 2 days a week 	<p>Ulcer-like epigastric pain/discomfort dominant</p> <p>Reflux-like heartburn and/or regurgitation</p> <p>Note <i>PPIs do not work in dysmotility-like dyspepsia (upper abdominal bloating dominant)</i></p>	<p>Evaluate possible causes:</p> <ul style="list-style-type: none"> • H. pylori, • NSAID use, • use of anti-platelet agents <p>All gastric ulcers and duodenal ulcers need PPI therapy</p> <p>Need for long term therapy depends on the cause</p>	<p>Confirm diagnosis</p> <ul style="list-style-type: none"> • Stop PPI therapy 3 days before the test to avoid false negative result. Preferably, stop for 2 weeks if the patient can tolerate symptoms • Use antacid instead of PPI, prior to the test. <p><i>See H. Pylori link in Resources</i></p>	<p>If 1 or more of the following risk factors:</p> <ul style="list-style-type: none"> • Age > 65 years • History of ulcers or significant dyspepsia • Concurrent use of glucocorticoids • Anticoagulants or concurrent use of anti-platelet agents • Consider PPI if NSAID is added to ASA and patient has significant co-morbidities

If indication for PPI therapy is unknown

1. Investigate why the patient is on a PPI
2. Deprescribe PPI if no indication was identified

Talk with your patient about...

Rebound hypersecretion of acid may occur after stopping the PPI for 1 to 2 weeks.

This can result in temporary reflux & dyspepsia symptoms.

Healthy changes like stopping smoking and eating healthy may help as they are important risk factors for GERD, dyspepsia and ulcers.

To prevent recurrence use the lowest frequency of dosing.

Dosing & Length treatment

<p>Start once daily PPI for 4-8 weeks (30 minutes before breakfast), then reevaluate</p> <p>Stop therapy if good response after 8 weeks</p> <p>Retreat if symptoms recur</p> <p>Consider “on demand” therapy for recurrent symptoms</p> <p>Try twice daily PPI for 4-8 weeks if partial or no response</p> <p>Most GERD patients only require once daily PPI for adequate symptom control.</p> <p>25 % of GERD patients may need to increase their PPI dose, from once daily to twice daily to reduce symptoms. However, a proportion of GERD patients will not need long-term PPI therapy</p>	<p>H. pylori-negative non-NSAID ulcers require long term PPI therapy</p> <p>Upper GI / bleeding ulcer needs PPI twice daily for 8-16 weeks. Then decrease to once daily</p>	<p>Give twice daily PPI for two weeks together with antibiotics</p> <p>Subsequent need for once daily PPI therapy depends on symptoms + indications</p>	<p>Start once daily PPI when initiating NSAID</p>
---	--	---	--

Resources

For healthcare providers



Pathways

Contact Specialist LINK or ConnectMD to ask a specialist a question

For patients and healthcare providers

Referral to a GI

<p>Reevaluate the diagnosis, if no response after 8–16 weeks, consider referral to a gastroenterologist when:</p> <ul style="list-style-type: none"> • age >60 with new and persistent symptoms (>3 months) • persistent vomiting (not associated with cannabis use) • gastrointestinal bleeding (hematemesis or melena) • anemia (iron deficiency or low Hb) • involuntary weight loss (≥ 5-10% of body weight over 6 months) • progressive dysphagia • personal history of peptic ulcer disease • first degree relative with history of esophageal or gastric cancer 	<p>For gastric ulcers an endoscopic evaluation is necessary to rule out gastric cancer</p>	<p>Yes if three H. Pylori treatment regimens fail.</p> <p>Refer to H. Pylori clinical pathway for treatment regimens (yellow box on the right).</p>	<p>No</p>
--	---	--	------------------

Choosing Wisely Canada recommends reducing / stopping PPI therapy at least once per year in most patients



This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.

Last revision date February 2021



Pharmacy Services



For these and other tools, visit the Physician Learning Program website