

Prescribing tip for information

Deprescribing: Proton Pump Inhibitors (PPIs)

Part of a series of prescribing tips to support clinicians conducting Structure Medication Reviews (SMRs)

Headline message: Prescriptions for PPIs should be reassessed **annually** during a patient's routine medication review to ensure they are still indicated and that the benefit to the patient outweighs the potential risk. **Always refer to the [SPC](#) for the most up to date information.**

Points to consider when undertaking a medication review of a PPI:

• **Indication**

Is the patient prescribed a PPI for a licensed or recommended indication?

*Has the patient had any relevant investigations, such as endoscopy or testing for *H.pylori*?*

Examples of indications which require continuation of PPI therapy¹: Barrett's oesophagus, severe oesophagitis, history of bleeding GI ulcer, on-going/uncontrolled GORD, gastro-protection as patient is co-prescribed a potentially ulcerogenic medicine. **This list is not exhaustive and clinical judgement should always be applied to individual patient cases.**

Is guidance available to help manage the indication?

[NICE CG184](#): GORD and dyspepsia in adults: investigation and management.

• **Dose**

When was the dose last reviewed and could it be stepped down?

Methods for dose reduction^{1,3}:

- Step wise management may allow the patient to avoid unnecessary high dose treatment long term.
- Engage the patient in the step wise approach with shared decision making.
- Step wise reduction may also reduce the incidence of rebound acid hypersecretion.

• **Duration**

When was the PPI prescription last reviewed?

Treatment with PPIs should be for the shortest duration that is appropriate².

Some patients with certain conditions may be able to return to self management with an antacid and non-pharmacological measures after initial PPI treatment³. Address **modifiable factors** such as weight, diet, alcohol and smoking³

• **Adverse drug reactions and side effects**

Is the patient aware of the potential long term side effects and risks of PPI therapy?

Hypomagnesaemia ([MHRA 2014](#))

Fractures ([MHRA 2014](#))

Gastrointestinal infections (e.g. clostridium difficile) ([BNF](#))

Subacute cutaneous lupus erythematosus ([MHRA 2015](#))

Gastric cancer alarm features ([BNF](#))

Interaction with clopidogrel ([MHRA 2014](#))

- References:
1. [PrescQIPP](#) Bulletin 92. Safety of long term proton pump inhibitors (PPIs). May 2015.
 2. [British National Formulary](#) Proton Pump Inhibitors. September 2020.
 3. [NICE CG184](#). Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. Sept 2014.

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