Appendix 1 Proton Pump Inhibitors - Advisory guidance on PPI prescribing in adults This document is intended as advisory and it does not replace clinical judgement which is assessed on case by case basis. Patient factors **Review lifestyle factors** Uncomplicated GORD Manage lifestyle factors, stop the use of Course of full dose PPI for 4-8 weeks, then Functional dyspepsia NSAIDs where possible step down to lowest effective dose for the PUD Offer test for *H pylori*, treat if positive shortest duration possible, e.g. lansoprazole Uninvestigated 15mg, omeorazole 20mg OD or PRN dyspepsia Barrett's oesophagus Zollinger- Ellison Review annually indication for long-term svndrome PPI (stop if no longer indicated, e.g. NSAID Long-term full or double dose of PPI Oesophageal stricture is discontinued) Severe oesophagitis Consider risk of Clostridium difficile H/O bleeding GI ulcer infection (particularly previous infection), Offer long-term PPI for gastrobone fracture, hypomagnesaemia, vit B12 protection (lansoprazole 15mg or deficiency Risk factors omeprazole 20mg) or Note that H₂RA are less effective than **YES** PPI cover whilst on short-term or PPIs but do not have the same risk profile Dual antiplatelet therapy intermittent NSAIDs (stop when Consider step down where appropriate High dose aspirin 300mg NSAID stops) OĎ Consider PPIs risks vs. benefits Long-term low dose Consider risk of Clostridium difficile aspirin 75mg in patients infection Consider PPIs > 70vears of age (lansoprazole 15mg If stopping Combination of 2 of oral or omeprazole 20mg) anticoagulation / Identify other risk factors in patients on antiplatelet / NSAID drugs with an increased risk of GI Short-term NSAID in bleeding: patients >65 years of age More than 1 drug in this group Long-term, regular Dyspepsia or GORD symptoms PPI withdrawal may induce NSAID in patients for Consider Severe co-morbidity (malignancy, rebound acid secretion. rheumatoid arthritis and PPIsheart failure, (NYHA III-IV), significant Gradual PPI dose reduction osteoarthritis (all age Risks vs liver or renal disease (e.g. CKD 4&5, or PRN use may help with groups) NO benefits PPI discontinuation cirrhosis) H/O GI ulcer disease (non-bleeding) Self-management with an OTC antacid and / or H/O ulcer complication alginate PRN Aged over 65 years re-enforce lifestyle advice Lifestyle e.g. smoking / alcohol /diet

Drugs with an increased risk of GI bleeding, dyspepsia or ulceration:

NSAIDs, aspirin, antiplatelets, anticoagulants, long-term oral corticosteroid, SSRI, SNRI, bisphosphonates, calcium channel blockers, nitrates, <u>nicorandil</u>, theophylline, aldosterone antagonists, colchicine, digoxin

Dosing regimens for PPIs (see <u>NICE CG 184 Appendix A</u> for PPI doses for severe oesophagitis)

PPI	Full / standard dose	Low dose (on- demand dose)	Double dose
Lansoprazole capsules	30mg OD	15mg OD	30mg ² BD
Omeprazole capsules ¹	20mg OD	10mg ² OD	20mg BD

¹Where orodispersible formulation is necessary, use lansoprazole orodispersible in preference to omeprazole orodispersible tablets. Omeprazole MUPS are only recommended for their licenced indication in children. ²Off-label dose for gastro-oesophageal reflux disease.

- Capsules are preferred formulation, where possible avoid tablet formulation due to higher cost.
- To aid bioavailability of PPIs, advise to take PPIs at least 30mins before food; twice daily dosing - more effective blocking of activated proton pump receptors
- Stop PPI two weeks prior to *H pylori* testing, avoid testing for four weeks after antibiotic treatment, stop NSAIDs.

As PPIs have become widely used, evidence has started to emerge regarding their long-term safety and adverse effects.

Proton Pump Inhibitor (PPI): Deprescribing algorithm (adults)

Self-management

Heartburn and Indigestion leaflet on PRESS portal

NHS A-Z website: Heartburn and acid reflux

Review lifestyle factors: weight loss, stop or reduce smoking, avoid certain foods / drinks (alcohol, caffeine, chocolate, fatty foods, strawberries), medication

For nocturnal reflux symptoms avoid meals within 3-4 hours of going to bed; consider raising the head of the bed by a few inches.

See <u>Sheffield Directory</u> for advice on local services: <u>Move More</u>, <u>smoking cessation services</u>, <u>Live Lighter</u> (weight management service)

IAPT for psychological therapies - online IAPT resources

References

BNF

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