Clinical Indications for Proton Pump Inhibitors and Tapering Information When Indicated

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Appropriate indications for PPIs

Short-Term Treatment	Long-Term Treatment
● GERD ● Gastric and duodenal ulcers ● H. pylori co-therapy	● Refractory GERD ● Erosive esophagitis ● Barrett's esophagus ● History of NSAID induced bleeding ulcers ● Chronic anticoagulation after a GI bleed ● NSAID or dual anti-platelet agent use*

*presence of multiple risk factors: Age>65 years, high dose NSAID therapy, PUD, concurrent corticosteroids or anticoagulants

Treatment Recommendations for GERD

- Initial eight-week course of therapy
  - Try to lower dose, as needed therapy, or intermittent therapy
- Refractory GERD—No response to PPI therapy after two to three months (needs GI consult and endoscopy)
  - Add a bedtime H2 blocker if nocturnal symptoms
  - Double the dose

Concerns with Chronic PPI Therapy

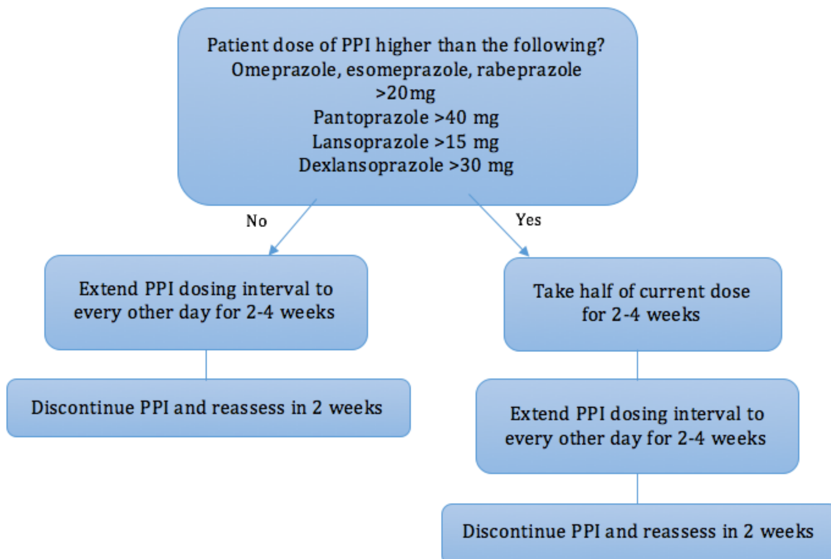
- Clostridium difficile infections
- Hypomagnesaemia
- Increased fracture risk
- Acute interstitial nephritis (rare, idiopathic)
- Chronic kidney disease (weak observational data may be associated with dose and duration)

When PPIs Should Be Tapered and Not Abruptly Discontinued

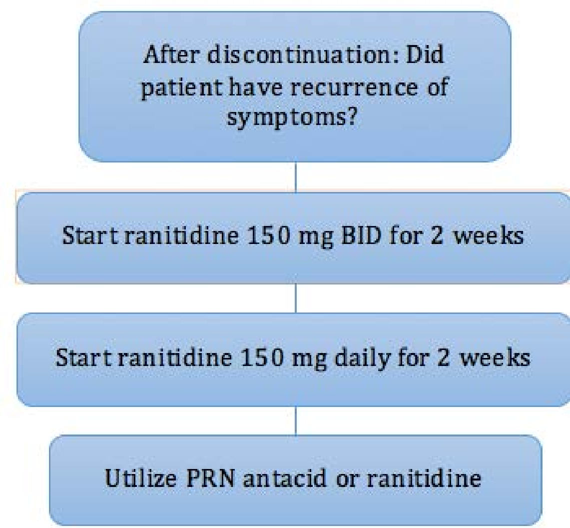
- Patients who do not have any appropriate indications for continuing a PPI, but have been on a PPI for > six months, and asymptomatic at least 3 months
- Counsel patient on initial worsening of symptoms during tapering phase

PPI Tapering Algorithm

Step 1: Tapering Schedule



Step 2: Management of Recurrence



H_2 Antagonist and antacids may be added while tapering for breakthrough symptoms

Medicine of the Highest Order

Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterology. 2013; 108:308-328.
Bundeff AW, Zaiken K. Impact of clinical pharmacists' recommendations on proton pump inhibitor taper protocol in an ambulatory care practice. J Manag Care Pharm. 2013;19(4):325-333.