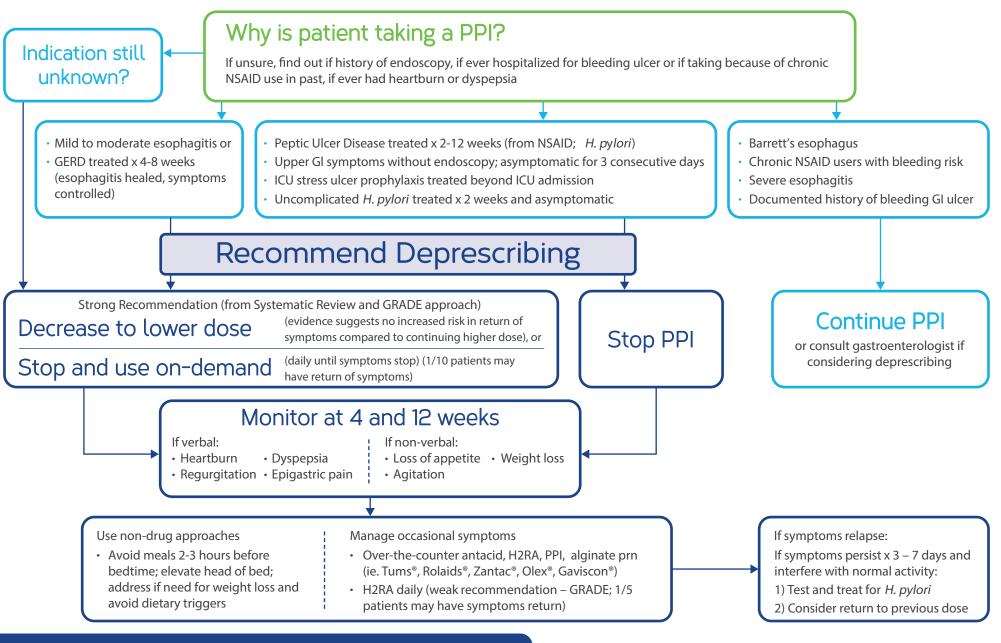
deprescribing.org Proton Pump Inhibitor (PPI) Deprescribing Algorithm



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Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. *Can Fam Physician* 2017;63:354-64 (Eng), e253-65 (Fr).







Proton Pump Inhibitor (PPI) Deprescribing Notes deprescribing.org

PPI Availability

PPI	Standard dose (healing) (once daily)*	Low dose (maintenance) (once daily)
Omeprazole (Losec°) - Capsule	20 mg ⁺	10 mg ⁺
Esomeprazole (Nexium°) - Tablet	20 ^a or 40 ^b mg	20 mg
Lansoprazole (Prevacid°) - Capsule	30 mg ⁺	15 mg ⁺
Dexlansoprazole (Dexilant°) - Tablet	30 ^c or 60 ^d mg	30 mg
Pantoprazole (Tecta [®] , Pantoloc [®]) - Tablet	40 mg	20 mg
Rabeprazole (Pariet°) - Tablet	20 mg	10 mg

Legend

a Non-erosive reflux disease

- b Reflux esophagitis
- c Symptomatic non-erosive
- gastroesophageal reflux disease
- d Healing of erosive esophagitis
- + Can be sprinkled on food

Key

GERD = gastroesophageal reflux disease NSAID = nonsteroidal anti-inflammatory drugs

SR = systematic review

GRADE = Grading of Recommendations Assessment, Development and Evaluation

* Standard dose PPI taken BID only

indicated in treatment of peptic ulcer

be stopped once eradication therapy

is complete unless risk factors warrant

caused by *H. pylori*; PPI should generally

continuing PPI (see guideline for details)

H2RA = H2 receptor antagonist

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

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

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

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

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