



© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Contact [deprescribing@bruyere.org](mailto:deprescribing@bruyere.org) or visit [deprescribing.org](http://deprescribing.org) for more information.



## PPI Availability

PPI	Standard dose (healing) (once daily)*	Low dose (maintenance) (once daily)
Omeprazole (Losec®) - Capsule	20 mg <sup>+</sup>	10 mg <sup>+</sup>
Esomeprazole (Nexium®) - Tablet	20 <sup>a</sup> or 40 <sup>b</sup> mg	20 mg
Lansoprazole (Prevacid®) - Capsule	30 mg <sup>+</sup>	15 mg <sup>+</sup>
Dexlansoprazole (Dexilant®) - Tablet	30 <sup>c</sup> or 60 <sup>d</sup> 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
- \* Standard dose PPI taken BID only indicated in treatment of peptic ulcer caused by *H. pylori*; PPI should generally be stopped once eradication therapy is complete unless risk factors warrant continuing PPI (see guideline for details)

## Key

- GERD** = gastroesophageal reflux disease
- NSAID** = nonsteroidal anti-inflammatory drugs
- H<sub>2</sub>RA** = H<sub>2</sub> receptor antagonist
- SR** = systematic review
- GRADE** = Grading of Recommendations Assessment, Development and Evaluation

## 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 risk 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

© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Contact [deprescribing@bruyere.org](mailto:deprescribing@bruyere.org) or visit [deprescribing.org](http://deprescribing.org) for more information.

Farrell B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid J, Rojas-Fernandez C, Walsh K, Welch V, Moayyedi P. (2015). Evidence-based clinical practice guideline for deprescribing proton pump inhibitors. Unpublished manuscript.



deprescribing.org

INSTITUT DE RECHERCHE

