AGA Clinical Practice Update on De-Prescribing of Proton Pump Inhibitors: Expert Review

By Cynthia Tran, MD

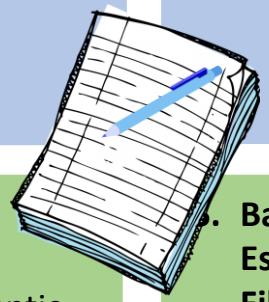
The Emoroid Digest

@EmoryGastroHep

Best Practice Advice Statements

1. Regularly **review & document** the ongoing PPI indication.
   - Primary care to review.
   - Gastroenterologists to document end-points for discontinuation.

2. If a definitive indication for PPI is absent, **consider a de-prescribing trial**.
   - Durations studied: 4-12 weeks or ≤ 6-12 months for maintenance therapy



3. Consider **decreasing** dosing from **twice daily to once daily.**
   - High-dose PPI adverse associations: pneumonia, *C. difficile* infection, and hip fracture

4. **Complicated GERD** – severe erosive esophagitis, esophageal ulcer, and/or peptic stricture – should generally **NOT be considered for PPI discontinuation**.

5. **Barrett's Esophagus, Eosinophilic Esophagitis,** and/or **Idiopathic Pulmonary Fibrosis** should generally **NOT be considered for PPI discontinuation**.
   - Barrett's: ↓ esophageal adenoca.
   - EoE: risk of recurrence
   - IPF: ↓ disease progression

6. Prior to PPI discontinuation, **assess upper GI bleeding risk** with an evidence-based strategy.
   - Hidden risk factors: i.e. OTC aspirin use

7. **High risk upper GI bleeding ≠ PPI discontinuation**.
   - Upper GI bleeding hx
   - Multiple anti-thrombotics
   - Aspirin/NSAID + other risk (age >60, severe comorbidity, antithrombotic/NSAID/steroid)

8. **Advise of** possible transient upper GI symptoms due to **rebound acid hypersecretion** with PPI discontinuation.

9. PPI **dose tapering or abrupt discontinuation** may be considered.
   - Use lower-potency agents for symptom control when de-prescribing

10.PPI discontinuation ONLY if appropriate indication absent.

Inappropriate reasons to independently discontinue PPI:
(1) History or presence of PPI-associated adverse event
(2) Presence of risk factors related to a PPI-associated adverse event

Google Images.

Targownik LE, Fisher DA, Saini SD. AGA Clinical Practice Update on De-Prescribing of Proton Pump Inhibitors: Expert Review. Gastroenterology. 2022 Apr;162(4):1334-1342. doi: 10.1053/j.gastro.2021.12.247. Epub 2022 Feb 17. PMID: 35183361.

Long-term Indications for Proton Pump Inhibitor Use (>8 wk)

Definite Indications

- Barrett's esophagus
- Erosive esophagitis - LA Grade C or D
- Peptic/GERD strictures
- Zollinger-Ellison Syndrome
- Eosinophilic Esophagitis
- Gastro-protection during aspirin/NSAID use - high risk for GI bleeding
- Prevention of Idiopathic Pulmonary Fibrosis progression

Conditional Indications

- PPI-responsive with endoscopy-negative reflux disease that recurs with PPI cessation
- PPI-responsive functional dyspepsia that recurs with PPI cessation
- PPI-responsive upper airway symptoms ascribed to laryngopharyngeal reflux that recurs with PPI cessation
- Refractory steatorrhea in chronic pancreatic insufficiency on enzyme replacement
- Secondary prevention of gastric and duodenal peptic ulcers with no concomitant antiplatelet drugs

Short-term Indications for Proton Pump Inhibitor Use (<8 wk)

Definite Indications

- *Helicobacter pylori* eradication
- Stress ulcer prophylaxis for ICU patients with risk factors
- Uninvestigated GERD/dyspepsia
- Treatment of NSAID-related gastric and duodenal peptic ulcers

Conditional Indications

- Initial or on-demand treatment of endoscopy-negative reflux disease
- Initial treatment of functional dyspepsia
- Uninvestigated dyspepsia
- Ulcer prevention after sclerotherapy or band ligation treatment of esophageal varices
- Prevention of re-bleeding from Mallory-Weiss tears

Conditions with PPI Use NOT Indicated

Long-term Conditions

- Non-erosive reflux disease with no sustained response to high-dose PPI therapy
- Functional dyspepsia with no sustained response to PPI therapy
- Steroid therapy in the absence of aspirin/NSAID therapy
- Prevention of recurrent upper GI bleeding from causes other than:
    - Peptic ulcer disease - gastric and duodenal erosions
    - Erosive esophagitis

Short-term Conditions

- Empiric treatment of laryngopharyngeal symptomatology
- Acute undifferentiated abdominal pain
- Acute nausea and vomiting not believed to be related to GERD/esophagitis
- Any isolated lower GI symptomatology

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