

Is your patient on a PPI?

- Since the market entry of Prilosec in 1989, proton pump inhibitors (PPIs) have become one of the most widely prescribed medications in the world. 20 years ago, in 2003, these medications were made available OTC, further increasing their use beyond prescriptive bounds.
- Although PPIs have a relatively safe side effect profile, studies regarding the long-term use of PPI medications have noted potentially concerning adverse effects, including:
 - risk of fractures
 - risk of infections like pneumonia and Clostridium difficile infections
 - vitamin deficiencies such as hypomagnesemia, vitamin B12 deficiency
 - chronic kidney disease
 - dementia
- Many of these studies are observational studies or meta-analyses, which has its limitations. However, the optimal strategy for PPIs use is for patients with a clear indication, avoiding broad off-label use and to have a time-limited duration of use.
- Many people who are taking PPIs for heartburn can control symptoms with small changes to their diet, increased aerobic exercise, and using medications such as antacids when needed.
- So next time you see your patients, ask them if they're on a PPI, for what, and for how long. If there is no clear indication, suggest a taper and discontinuation. Below is a suggested dose tapering schedule:
 - Decrease to half the current PPI dose for 2-4 weeks
 - Keep decreasing by half the PPI dose every 2-4 weeks.
 - Once down to the lowest dosage, start taking the PPI every other day for 2-4 weeks, then discontinue.
 - Forewarn patients that while tapering, rebound hyperacidity and reflux symptoms may occur. During this time antacids, used PRN, can help.

Example Dose Tapering Schedule for Patients on Prilosec (omeprazole) 40mg

2-4 weeks	2-4 weeks	2-4 weeks	Stop
20mg QD	10mg QD	10mg QOD	Continue use of antacids PRN