



# AGA Clinical Practice Update on PPI De-Prescribing

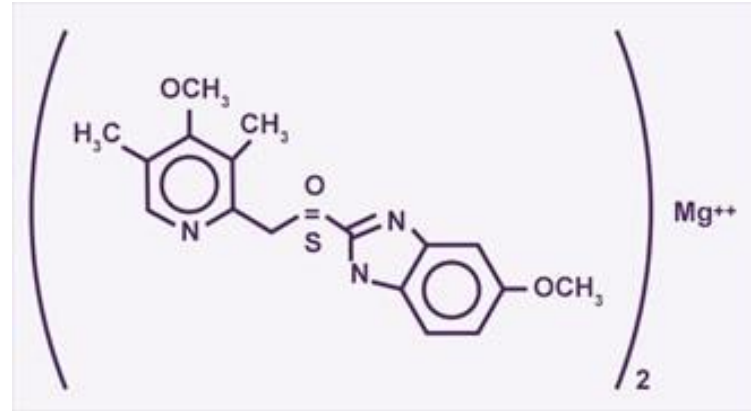
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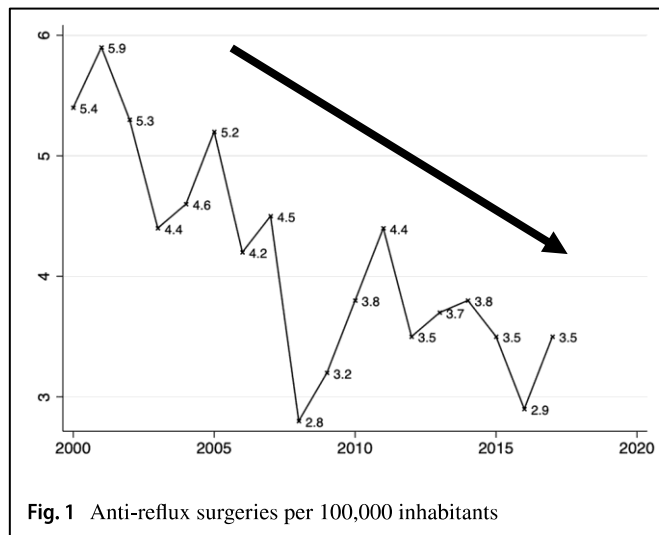
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# PPIs are Miracle Drugs



Omeprazole



PPI		0.21 (0.12–0.36)
Prostaglandin analogue		0.63 (0.35–1.12)
H2RA		0.49 (0.30–0.80)
Any gastroprotectant		0.40 (0.32–0.50; p<0.0001)

# PPIs are Overused and May Cause Harms

- ~10% of Americans use a PPI daily.
- Many who use a PPI do not have a clear indication.
- Both clinicians and the general public are concerned about PPI harms.
- These concerns likely drive *inappropriate* discontinuation of PPIs.

Bergin, et al. *Pharmacoepidemiol Drug Saf.* 2023 Dec;32(12):1406-1410.

Kurlander, et al. *Am J Gastroenterol* 2019;114:244-249.

Kurlander, et al. *Am J Gastroenterol* 2020;115:689-696.



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## **CLINICAL PRACTICE UPDATE**

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

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# AGA Clinical Practice Updates

- Meant to reflect the current state-of-the-art, including a combination of both strong evidence and expert opinion.
- Shorter and less systematic than clinical practice guidelines.
- Intended to inform clinicians, payors, and other interested parties of the opinion of the AGA in areas of current or emerging GI clinical practice.

# Summary: AGA PPI De-Prescribing CPU

1. Why was the PPI prescribed? If there is not a strong **indication** for long-term use, consider de-prescribing.
2. Assess **GI bleeding risk**, and avoid de-prescribing in those at high risk for GI bleeding.
3. Consider **dose reduction** from twice-daily to once-daily.
4. Advise patients about the possibility of **rebound symptoms** when stopping their PPI.

# Dissemination and Implementation

- **AGA dissemination efforts:**
  - Publication (journal / website)
  - Development and dissemination of video supplement
  - Spotlight at national AGA Symposium / Digestive Disease Week (DDW)
- **Examples of parallel, large-scale initiatives:**
  - Choosing Wisely Canada: “Bye-Bye PPI”, “Ask Why for PPI”
  - Veterans Health Administration: PPI De-Prescribing Initiative(s)