INESSS
LE SAVOIR PREND FORME

Decision Algorithm – July 2025

DEPRESCRIBING PROTON PUMP INHIBITORS (PPIs)

This algorithm is intended for primary care physicians, pharmacists and nurses. It is provided as guidance only and is not a substitute for the judgment of the clinician who performs activities reserved for him or her under a statute or regulation. The recommendations apply to persons 18 years of age and older. For further details, go to inesss.qc.ca.

ⓘ This tool concerns PPI deprescription. **It does not include the recommendations for managing GERD or dyspepsia**

EVALUATION

Has been taking a PPI for more than 8 weeks

Treatment for more than **8 weeks** indicated? (See Appendix A)

Yes

Do not deprescribe the PPI

If BID dosing, consider reducing it to daily on a case-by-case basis

No

Symptoms persisting despite optimal adherence?

Yes

- Discontinue the PPI (ineffective)
- Look for other causes[2]
- Consider an additional investigation

No

Deprescription recommended

Discuss deprescription strategy with the patient

If uncertain about the indication, check :
- Medical history[1]
- Over-the-counter medications (e.g., NSAIDs or ASA)

DEPRESCRIPTION

Reduce the PPI dose
- To daily if prescribed BID
- To every 2nd day dosing
- To the lowest effective dose

Take the PPI as needed
- Take the PPI regularly, but only for certain periods of time
- Aim for the shortest possible duration with the lowest effective dose

Discontinue the PPI

Abrupt or gradual discontinuation:
- No difference in risk of symptom recurrence

Information to be provided to the patient
- Symptoms may reappear transiently when a PPI is deprescribed. They usually disappear in a few days.
- If necessary, consider the nonpharmacological approaches (See Appendix B), antacids or an H2 blocker for relieving the transient symptoms
- If the symptoms persist for more than a week or interfere with the patient's daily activities despite trying the nonpharmacological approaches or other treatments, restart the PPI at the previous dose without waiting to consult a health professional again
- Consult a health professional if the symptoms persist for more than 2 months despite having restarted the PPI or if alarm symptoms appear (e.g., symptoms of gastrointestinal bleeding, refractory vomiting, unintentional weight loss, or rapidly progressing new-onset dysphagia)

FOLLOW-UP

Follow-up (in 4 to 12 weeks)
- Reassess and record the presence of GERD or dyspepsia symptoms (frequency, severity and effectiveness of the nonpharmacological measures or other treatments, e.g., antacids, H2 blocker or PPI as needed)
- Consider restarting the PPI at the previous effective dose if the symptoms persist despite the other approaches (pharmacological or otherwise)[3]

Frequency of follow-up if the PPI is restarted
- After 4 to 12 weeks, consider attempting deprescribing again
- Annually thereafter if the treatment is continued

To facilitate interprofessional collaboration:

Avoid duplicating interventions and make it clear who is responsible for the different steps

ASA: acetylsalicylic acid / BID: twice daily / GERD: gastroesophageal reflux disease / *H. pylori: Helicobacter pylori* / NSAID: Nonsteroidal antiinflammatory / PPI: proton pump inhibitor / RAMQ: Régie de l'assurance maladie du Québec

1. For example, endoscopy, hospitalization for a bleeding ulcer, chronic NSAID or ASA use in the past, etc.
2. For example, lifestyle, drug adverse effects (GLP-1 agonists, ferrous sulfate, anticholinergics, NSAIDs, bisphosphonates, etc.)
3. Consider screening for *H. pylori* if the patient is experiencing persistent dyspepsia symptoms. Not indicated in classical GERD. For further details, see INESSS's recommendations concerning *H. pylori* infection at: https://www.inesss.qc.ca/publications/repertoire-des-publications/publication/infection-a-helicobacter-pylori.html

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APPENDIX A – INDICATIONS FOR MORE THAN 8 WEEKS OF TREATMENT

Indications for 12 weeks of treatment

- Gastric ulcer

Indications for long-term treatment – to be reassessed every 12 months

- Cytoprotective prophylaxis
- Nasogastric or gastrojejunal tube in place
- Pregnancy
- Secondary dyspepsia associated with NSAID use
- Short bowel syndrome

Indications for long-term treatment – continue taking the PPI for life

- Antral vascular ectasis
- Barrett's esophagus
- Cameron ulcers
- Crohn's disease, upper digestive tract involvement
- Eosinophilic esophagitis
- Leakage of gastric fluid around the peristomal site following a gastrostomy
- Neoplastic ulcers associated with chronic bleeding or gastrointestinal bleeding from a gastric or esophageal lesion
- Peptic stenosis of the esophagus
- Recurring erosive esophagitis
- Recurring idiopathic peptic ulcer in the absence of *H. pylori* or NSAID use
- Schatzki ring
- Use of pancreatic enzymes that did not have the desired effectiveness because they were deactivated by gastric acid
- Zollinger-Ellison syndrome

APPENDIX B – GOOD LIFE HABITS FOR RELIEVING SYMPTOMS OF DYSPEPSIA OR GASTROESOPHAGEAL REFLUX DISEASE

Sleep habits

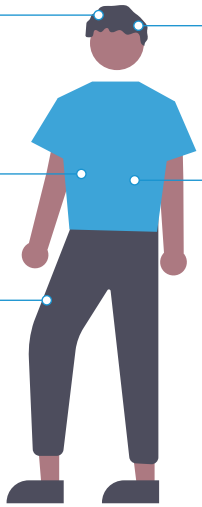
- Maintain good sleep hygiene
- Prioritize left-side lying position for sleeping
- Raise the head of the bed 15 to 20 cm

Alcohol and smoking

- Limit your alcohol consumption
- Limit or, if possible, stop smoking

Physical factors

- Maintain a healthy weight or lose weight if you are overweight or obese
- Wear loose clothes around your waist and stomach
- Engage in regular physical activity, giving priority to low- to moderate-intensity activities



Stress management

- Do abdominal breathing exercises (e.g., diaphragmatic breathing)
- Incorporate stress reduction methods (e.g., meditation and massage therapy)

Diet

- Consider having a nutrition consultation, if necessary
- Adopt a healthy diet and limit your intake of food and beverages that trigger symptoms (e.g., fried, spicy or acidic foods, chocolate, peppermint and caffeine)
- Eat slowly and chew well
- Avoid late meals or eating 2 to 3 hours before going to bed
- Avoid lying down for 2 hours after a meal
- Avoid overeating and opt for lighter meals at the end of the day. If possible, eat several light meals instead of two or three large ones each day

Manufacturing and using medications has an impact on the environment.
Any inappropriate use will exacerbate this problem.

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