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Proton pump inhibitors: deprescription and lifestyle changes

English summary

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Québec

SUMMARY

Proton pump inhibitors: deprescription and lifestyle changes

Introduction

In Québec, over the past 20 years, various initiatives have been undertaken and measures have been put in place to promote the optimal use of proton pump inhibitors (PPIs) and reduce the number of prescriptions for this class of drugs. Despite certain improvements due to these efforts, a trend toward inappropriate PPI use is once again being observed. It is resulting in financial pressure on the basic prescription drug insurance plan (RGAM).

It is against this backdrop that the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national d'excellence en santé et en services sociaux (INESSS) to carry out a series of projects on the use of PPIs. In the first phase, published in May 2025, findings concerning initial and long-term PPI treatment approaches in adults were drawn up, and a recommendation was sent to the Minister concerning the updating of the conditions of coverage for PPIs [INESSS, 2025]. This report constitutes the second phase of the work, the objective of which is to equip front-line health professionals to deprescribe PPIs and to acquaint them with the recommended strategies for lifestyle changes that can provide symptomatic relief of gastroesophageal reflux disease (GERD) and dyspepsia in adults.

Methodology

For this phase, a rapid review of the literature containing information and clinical recommendations concerning PPI desprescription and lifestyle changes for relieving the symptoms of dyspepsia and GERD was carried out on publications found in bibliographic databases and other information sources. The data and contextual elements gathered were analyzed and synthesized with a view to contextualizing the practice in Québec, based mainly on legislative, regulatory and organizational contextual information specific to Québec and on the perspectives of the different stakeholders who were consulted. These perspectives were gathered by means of an advisory committee consisting of health professionals from different specialties and areas of expertise. The perspectives of current and past PPI users regarding the acceptability issues relating to PPI depresciption and to lifestyle changes were gathered by means of one-on-one interviews. Lastly, the overall quality of the work, its acceptability and its applicability were assessed by external reviewers specializing in the field of interest and by future users who did not participate in the project.

Results

Following the analysis of all of the gathered data and the iterative process with the stakeholders, the following key findings and messages were considered to have the potential to support the harmonization of clinical practice and to facilitate PPI deprescription and lifestyle changes for relieving dyspepsia and GERD symptoms.

PPI therapy should be reevaluated in those who have been taking it for more than 8 weeks with no indication justifying its long-term use

In the presence of an indication for long-term treatment, deprescription is not recommended, but consideration should be given to reducing the intake to a once-daily dose in those taking a PPI twice daily. If there are persistent symptoms despite optimal adherence to PPI therapy and no condition justifying long-term treatment, the PPI should generally be discontinued because of its ineffectiveness. Consideration could be given to looking for other causes that might explain the symptoms and to conducting an additional investigation.

The different PPI deprescription approaches are dose reduction, on-demand dosing, and complete discontinuation

The choice between the different PPI deprescription strategies should be discussed between the person and health professional. Symptoms may reappear transiently when the PPI is discontinued or when the dose is reduced, but these symptoms do no warrant restarting the drug. Certain strategies for relieving these symptoms are proposed, such as using antacids or an H2 receptor antagonist or taking a PPI only as needed, in addition to lifestyle changes. Certain lifestyle changes concerning eating habits, sleep, stress management, physical activity and smoking and alcohol consumption should be discussed with the persons concerned.

A PPI deprescription follow-up should include a symptom reassessment and advice concerning the other approaches, pharmacologial or otherwise

A close follow-up (i.e., after 4 to 12 weeks) is recommended after a PPI is despresribed and should ideally be done under the responsibility of the community pharmacist. The objective of the follow-up should be to reassess and record the presence of GERD or dyspepsia symptoms, in particular, their frequency and severity, and the effectiveness of the nonpharmacological measures or other treatments. Returning to the previous effective dose may be considered if the symptoms persist after the discontinuation or dose reduction, if the PPI interferes with the person’s daily activities or if they do not obtain relief with the other approaches, pharmacological or otherwise. If applicable, a follow-up should be done in 4 to 12 weeks with a view to considering a new deprescription attempt. If the treatment is continued, the subsequent follow-up can be done annually.

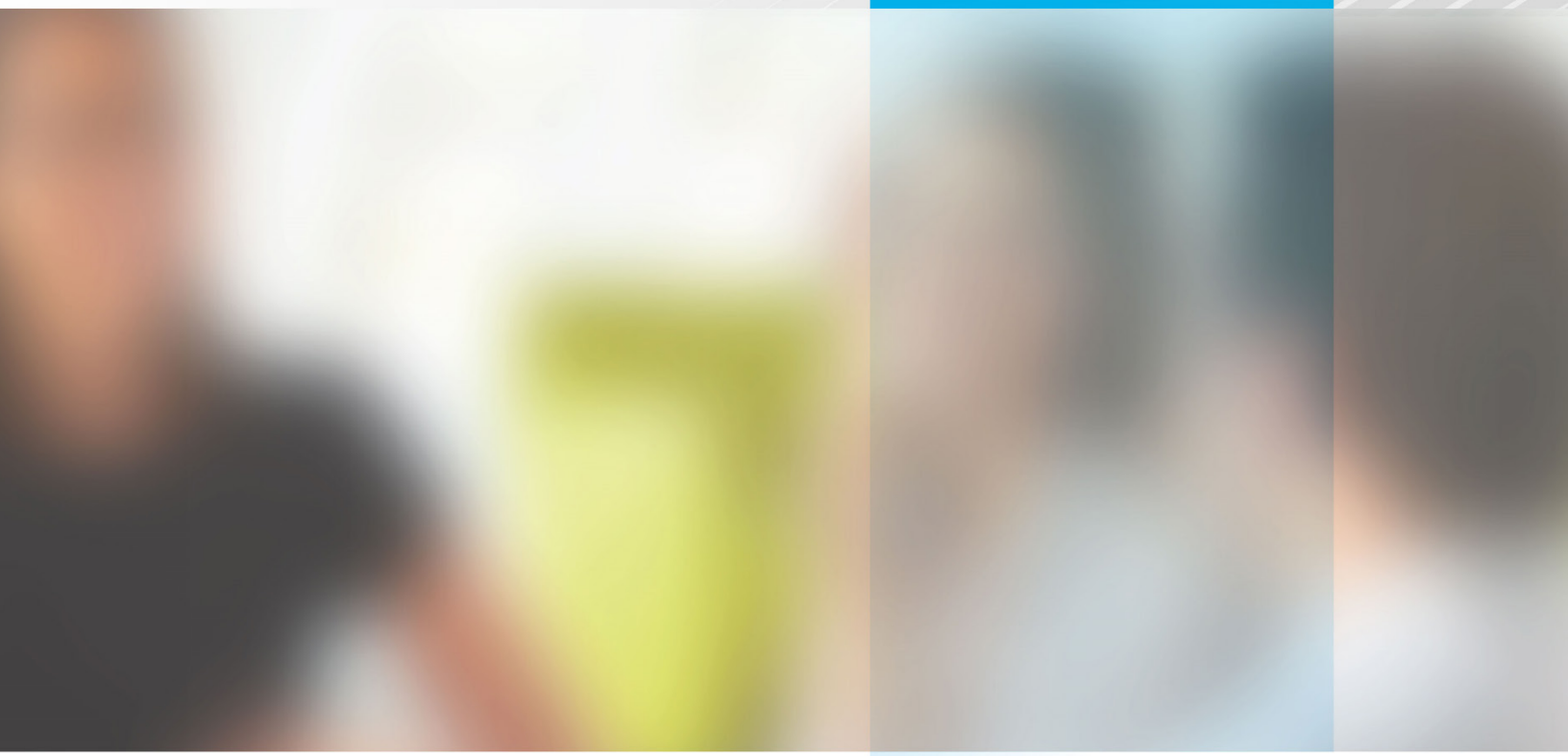
Recommendations and clinical tool

Following the iterative process with the advisory committee's members, during which the clinical data and literature recommendations, the contextual information and the perspectives of the different stakeholders consulted were triangulated, a series of findings and recommendations were drawn up regarding PPI deprescription and lifstyle changes for relieving dyspepsia and GERD symptoms. These recommendations appear in text boxes throughout this report and have been incorporated into the clinical tool stemming from this project, namely, a PPI deprescription decision algorithm.

Conclusion

The PPI deprescription decision algorithm is based on clinical practice recommendations, which were supplemented with the perspectives of the stakeholders consulted, including those of patients, and contextualized for Québec practice. This tool should help enhance and harmonize the practice and contribute to the effective management of persons in whom deprescribing a PPI is indicated. However, the enhancement and harmonization of the practice will depend on :

- The dissemination of the decision algorithm;
- The adherence to the changes and the uptake of the recommendations by the health professionals concerned;
- The availability of training, when needed; and
- The promotion of this tool within the health and social services system



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