

Proton Pump Inhibitors (PPI)

Proton pump inhibitors such as Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole and Esomeprazole are very effective medicines which reduce the amount of acid in the stomach. However, if used long-term they can cause unwanted side effects. Therefore, it is important that this treatment is reviewed regularly, and the dose reduced or stopped when appropriate.

It is not appropriate to stop the PPI if you are taking it:

- To protect your stomach from aspirin, naproxen or ibuprofen.
- If you have Barrett's Oesphagus
- If your Doctor has asked you to remain on the PPI

Stepping down or reducing your PPI medication

What is acid reflux or indigestion (dyspepsia) and heart burn? Indigestion (also known as dyspepsia), acid reflux and heartburn may occur when stomach acid meets the food pipe (oesophagus) or stomach. Symptoms may include pain and/or a burning sensation in the chest wall, bloating, burping, feeling nauseous or vomiting.

What are proton pump inhibitors (PPIs)?

Proton pump inhibitors are a class of medication given to patients with dyspepsia, acid reflux or heartburn. They help reduce the amount of stomach acid production. Reducing stomach acid allows the body time to heal any inflammation or irritation in the oesophagus or stomach.

Why has my PPI dose been changed?

Current recommendations suggest that most patients given PPIs should only use if for a short time, unless your doctor or nurse has advised otherwise. PPIs are normally started on a higher dose, which may be reduced to a lower (maintenance) dose and then reviewed regularly by your clinician, stopping, or taking as needed, if deemed appropriate.

What are the potential risks if PPIs are taken long term?

PPI use is considered to increase the risks of developing or masking several conditions including:

- Clostridium difficile, a gut infection causing severe diarrhoea
- Masking gastric and stomach cancers
- Increasing risk of possible fractures, especially in the elderly population
- Increasing risk of pneumonia
- Potentially reducing the body's magnesium level.

Prescribing PPIs for the shortest time and lowest effective dose is important. They should be reviewed regularly, as deemed appropriate by your doctor or nurse.

Why should I stop my PPI slowly?

Research has found that some people taking PPIs for more than 2 months can produce more acid (rebound acid) to compensate for these medications. Production of acid can be more than 80% higher than when they first started a PPI! This may mean your symptoms worsen when trying to stop.

How do I stop or reduce my PPI?

- If you are currently taking a higher dose, aim to reduce to a lower dose daily for 1 month.
- For 2-4 weeks take your PPI on alternate days. If you develop any dyspepsia, heartburn, or acid reflux you may need to take an over-thecounter indigestion remedy, for example, Peptac. Please discuss this with your doctor, nurse, or pharmacist.
- Reduce your medication further taking every 3 days for 2-4 weeks, then every 4 days until you can stop.

Symptoms of indigestion, acid reflux or heartburn should improve within 2 weeks of stopping a PPI.

If you have any concerns about your symptoms or if they have not improved, please contact your doctor or nurse.

Lifestyle changes you can make:

- Avoid or reduce smoking
- Eat in moderation and at regular times
- Eat 3-4 hours before bedtime
- Bend or lay down after eating
- Elevate the head of your bed by 15-20cm
- Reduce dietary intake of fat
- If you are overweight, lose weight
- Avoid tight clothing or belts
- Avoid or reduce alcohol intake
 - Avoid food which cause symptoms, such as:
 - Spicy food
 - Acidic drinks and food
 - Chewing gum
 - Caffeinated drinks like cola, chocolate, and coffee.