



proton pump inhibitor (PPI) reconsideration

New research has shown that long term PPI use is associated with increased risk of one (1) or more of the following²:

- » Clostridium difficile infection
- » Community-acquired pneumonia
- » Bone fracture of the hip, wrist, and spine
- » Decreased calcium, potassium, magnesium & sodium
- » Kidney disease

did you know

According to the 2013 Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease by the American College of Gastroenterology, the recommended course of PPI therapy for symptom relief and healing of erosive esophagitis is 8 weeks.²



IN 2013, 6.3 M + prescriptions were written for Omeprazole alone¹

GENERIC vs. TRADE monthly cost of a PPI is **\$29 vs. \$188**

As providers...

what you can do

It is recommended that lifestyle interventions such as weight loss, head of bed elevation, avoidance of late evening meals, and smoking and alcohol cessation be attempted before the use of acid suppression.

After 8 weeks of therapy, consider gradually tapering your patients off of their proton pump inhibitor to reduce the likelihood of rebound esophagitis, and consider the use of an H2 blocker for occasional symptom management.²

Only you as a provider can determine what treatment is best for your patient. If some of your patients are on a PPI and may benefit from an alternative, please let us know what we can do to assist you.

OPA thanks you for your role in making this a success and improving the health of our community.

1. Delamare. 25 Most Prescribed Drugs in the U.S. Health Grove drugs.healthgrove.com Accessed 6/2016

2. Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease: 2013