In the case of hard copies of this policy the content can only be assured to be accurate on the date of issue marked on the document.

The Policy framework requires that the policy is fully reviewed on the date shown, but it is also possible that significant changes may have occurred in the meantime.

The most up to date policy will always be available on the Intranet Policy web site and staff are reminded that assurance that the most up to date policy is being used can only achieved by reference to the Policy web site.

Oral Proton Pump Inhibitors (PPIs) - Guidelines for the Use of

This document may be made available to the public and persons outside of the Trust as part of the Trust’s compliance with the Freedom of Information Act 2000

Date of Issue July 2010 (amended August 2013) Review Date August 2016
Authorisation Form

Oral Proton Pump Inhibitors (PPIs) - Guidelines for the Use of

<table>
<thead>
<tr>
<th>Authorisation</th>
<th>Name and Position</th>
<th>Date Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Author</td>
<td>Trevor Brooklyn</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>Consultant Gastroenterologist</td>
<td></td>
</tr>
<tr>
<td>Policy Sponsor</td>
<td>Dr Sean Elyan</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>Medical Director</td>
<td></td>
</tr>
<tr>
<td>Assured by</td>
<td>Clinical Policy Group</td>
<td>June 2010</td>
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Consideration at authorised groups (e.g. Board, Board sub committees, Policy Group, Clinical Policies Sub Group, Departmental meetings etc.)

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Minute Details</th>
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<tr>
<td>Non Clinical Policy Group</td>
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Dissemination audit trail

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<tr>
<td>All divisional triumvirates</td>
<td>Sponsor</td>
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## EQUALITY IMPACT ASSESSMENT

### INITIAL SCREENING

1. **Lead**  
   Name: Trevor Brooklyn  
   Job Title: Consultant Gastroenterologist

2. Is this a new or existing policy, service strategy, procedure or function?  
   - [ ] New  
   - [x] Existing

3. Who is the policy/service strategy, procedure or function aimed at?  
   - Patients  
   - Carers  
   - Staff [x]  
   - Visitors  
   - Any other  
   - Please specify:

4. Are any of the following groups adversely affected by this policy?  
   - [ ] Disabled people:  
   - Race, ethnicity & nationality:  
   - Male/Female/transgender:  
   - Age, young or older people:  
   - Sexual orientation:  
   - Religion, belief & faith:  

   If yes is this high, medium or low impact (see attached notes):  
   - [ ] Yes

   If the answer is yes to any of these proceed to full assessment.  
   If the answer is no to all categories, the assessment is now complete.

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
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<tbody>
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<td>Disabled people</td>
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<td>Religion, belief &amp; faith</td>
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Date of assessment:  
Completed by: Trevor Brooklyn  
Signature:  
Job title: Consultant Gastroenterologist  
Director:  
Signature:  

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA’s are completed in accordance with this procedure.
Headline Messages

1. Stop PPIs in patients with *Clostridium difficile* diarrhoea.

2. There is no indication for acid suppression in patients taking corticosteroids unless they have GI symptoms or other risk factors for GI disease.

Introduction

Proton pump inhibitors (PPIs) are one of the most frequently prescribed drugs worldwide, but a number of studies show that they are often prescribed without an appropriate indication. This leads to widespread overprescription, which has financial and potentially adverse clinical consequences (1). The use of PPIs has been linked to *Clostridium difficile* infection as well as osteoporosis and other infections (2;3). In the light of this, PPI prescription should be reserved for patients where there is a clear indication and clinicians should consider stopping PPIs where the indication is unclear. There are data to support stopping PPIs in patients who have been taking them long term (4).

Indications for starting an oral PPI in Secondary Care

1. Patients admitted with a history of haematemesis and/or melaena
   - Use lansoprazole FasTab 30mg once daily and adjust according to the gastroscopy result

2. Gastric ulcer/ Duodenal ulcer/Oesophagitis on Endoscopy
   - Use omeprazole 20mg twice daily for 2 months

3. Helicobacter Pylori eradication therapy
   - Use omeprazole 20mg bd + clarithromycin 250mg bd + metronidazole 400mg bd (or omeprazole 20mg bd + amoxicillin 1g bd + clarithromycin 500mg bd) for seven days

4. Complicated gastroesophageal reflux disease (GORD) e.g. stricture
   - Use esomeprazole 20mg once daily

5. Barrett’s oesophagus
   - Use omeprazole 20mg once daily

6. Patients with a documented history of previous gastrointestinal bleeding and/or patients over 70 years of age taking NSAIDs
   - Use omeprazole 20mg once daily

7. Prophylaxis against stress ulceration in patients on the Intensive Care Unit
   - Use omeprazole 40mg once daily IV or lansoprazole FasTab 30mg once daily
- Discontinue when patient commences feeding again

**Indications for starting other anti-acid treatments in Secondary Care**

1. Non-ulcer dyspepsia/gastritis
   - Use ranitidine 150mg twice daily or PRN
2. Simple gastroesophageal reflux disease (GORD)/ Atypical chest pain (no Endoscopy)
   - Use omeprazole 20mg daily PRN for GP review
3. Patients requiring high dose corticosteroids
   (prednisolone dose of 1mg/kg/day or dexamethasone dose of 16mg/day)
   - Use ranitidine 150mg twice daily

**Consider stopping/altering existing PPI treatment whilst in Secondary Care**

1. Patients with *Clostridium difficile* diarrhoea
   - Stop PPI until treatment complete then follow guidance above
2. Simple gastroesophageal reflux (GORD)
   - Change to omeprazole 20mg daily PRN
3. Patients who do not know why they take PPIs and deny dyspepsia
   - Stop PPI

For use of intravenous PPIs, please see separate guideline on intranet: [click here](#)

**Reference List**


**TOOL for the Monitoring Compliance of Procedural Documents**

When developing or updating policies, procedures, protocols or guidelines – the author and sponsor must generate and implement a plan for effective Monitoring compliance of the objectives of the individual document.

This TOOL is an aid to identify the stage/s* of monitoring compliance required; the objectives to be measured and it must identify who is the responsible lead for ensuring that the report and/or action plan are completed within the agreed timescales. All audit must be orchestrated in conjunction with the Audit Department, who can best advised on methodology and provide support.

*There are 5 potential stages of Monitoring compliance:-


<table>
<thead>
<tr>
<th>*Stage of MC required</th>
<th>Objective to be measured</th>
<th>Division / Department Responsible Lead</th>
<th>Frequency and/or timescale</th>
<th>Methodology</th>
<th>Action Plan on Outcome</th>
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<tbody>
<tr>
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<td>Ongoing</td>
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ORAL PPI Guidelines (version 2.0)
Sponsor/Author: Trevor Brooklyn
Issue Date: July 2010 (amended 2013)