

Do I still need this medication?

You are currently taking a proton pump inhibitor (PPI):

- ☐ Dexlansoprazole (Dexilant®)
- ☐ Esomeprazole (Nexium®)
- ☐ Omeprazole (Losec®, Olex®)
- ☐ Lansoprazole (Prevacid®, Prevacid Fast Tab®)
- ☐ Pantoprazole sodium (Pantoloc®, Panto IV®)
- ☐ Pantoprazole magnesium (Tecta®)
- ☐ Rabeprazole (Pariet®)

* Generic brands often start with the words: APO, Novo, Pms, Ratio, Sanis, Teva

TEST YOUR KNOWLEDGE ABOUT THIS MEDICATION



QUIZ

Proton pump inhibitors (PPI)

1. PPIs are sometimes prescribed for heartburn and acid reflux. ☐ **TRUE** ☐ **FALSE**
2. More than half of all people taking PPIs probably do not need them. ☐ **TRUE** ☐ **FALSE**
3. There are no risks involved in taking PPIs for a long time. ☐ **TRUE** ☐ **FALSE**
4. PPIs are the best option to treat occasional heartburn. ☐ **TRUE** ☐ **FALSE**



ANSWERS



1. TRUE

Proton pump inhibitors (PPIs) are sometimes prescribed to treat heartburn and acid reflux. PPIs reduce the production of acid in the stomach. The stomach produces acid to help break down food, but sometimes the acid can reflux back up the throat and cause discomfort, pain or burning.

2. TRUE

To treat occasional heartburn, it is recommended to take Tums® or Roloids® as needed. Should your condition require you to take a PPI, your physician should prescribe the lowest dose for the shortest amount of time possible. The next page lists reasons why PPIs should be continued or stopped.

3. FALSE

Taking a PPI for longer than 4 to 12 weeks has been linked to:


- A higher risk of hip fractures
- Pneumonia
- An infection with the bacteria *Clostridium difficile*, which can lead to severe diarrhea, fever, and in rare cases, death
- A higher risk of kidney problems
- Rare instances of vitamin B12 or magnesium deficiency

4. FALSE

PPIs are powerful drugs. If you have heartburn every now and then, you probably do not need a PPI. Over-the-counter antacids should be sufficient. You can ease heartburn without drugs. This brochure explains how.

Do I need to **continue** taking my PPI?

Check all that apply:

- ☐ Every day, I take medication that can irritate the stomach, such as anti-inflammatory medication (e.g. ibuprofen or corticosteroids).
- ☐ I had a major stomach bleed.
-  If you tick this box, speak to your doctor about your specific circumstances.

I was referred to a gastroenterologist, who looked down my throat with a camera and diagnosed me with:

- ☐ Barrett's esophagitis.
- ☐ Severe erosive esophagitis.

If you checked any of these statements, then long-term use of PPIs is usually recommended.

If you don't know the answers, you should talk to your doctor before stopping your PPI.



When you need a PPI, you should take the lowest dose for the shortest amount of time possible.

Do I need to **stop** taking my PPI?

Check all that apply:

- ☐ I no longer have heartburn.
- ☐ My symptoms are infrequent.
- ☐ I have been taking my PPI for longer than 12 weeks and I did not check any of the statements on the previous page (page 6).

If you checked any of these statements, continue reading about how to stop your PPI.



Please consult your doctor, nurse or pharmacist before stopping any medication.

ALTERNATIVES

If you do not need to continue taking PPIs, speak to your doctor, nurse or pharmacist. You can make simple changes in your diet and lifestyle. To prevent heartburn, try these alternatives instead of taking a PPI:

- **Watch what you eat.** Try to figure out which food or beverage triggers your heartburn. You might want to avoid:
 - Alcohol
 - Fried food or junk food
 - Spicy food
 - Garlic and onions
 - Citrus fruits
 - Chocolate and peppermint
 - Food with lots of tomatoes
- **Eat smaller meals.**
- **Do not eat before going to bed.** You could also lie with your head raised up by using extra pillows.
- **Stop smoking.** Studies show that smoking increases your risk of heartburn and acid reflux.
- **Lose weight.** Studies show that just by dropping a few pounds, you could reduce heartburn and acid reflux.
- **Do not wear tight clothes.** The added pressure from tight-fitting clothes that constrict your abdomen can make heartburn worse.



MR. TREMBLAY'S STORY

He was taking a proton pump inhibitor (PPI) to relieve heartburn. He was taking Nexium®.

"I am 65 years old and had been taking Nexium® for at least two years to relieve heartburn. Recently, I was hospitalized for pneumonia. At my next medical visit, my doctor suggested I stop taking Nexium®, as new guidelines show that taking a PPI for more than eight weeks could be linked to pneumonia. Furthermore, my doctor told me it could also interfere with the osteoporosis drug I am now taking.

I took his advice. Now when I get heartburn every now and then, I take Tums® and it does the job.

I also made lifestyle changes. I stopped smoking and I lost a few pounds. Not only did my heartburn almost disappear, but these changes are having a very positive impact on my overall health.

When I know I will be having a big meal, I try to avoid foods that can cause heartburn. I do not drink coffee, I limit my consumption of alcohol and I go out for a walk after dinner.

I know PPIs, like Nexium®, are powerful drugs that have side effects. I trust my doctor to prescribe them only when appropriate and at the smallest dose possible."

TAPERING-OFF PROGRAM

If you have been taking PPIs for a while, your stomach is probably used to their effect. For some people, suddenly stopping PPIs can lead to rebound acidity and worsening symptoms for a couple of weeks. To minimise these symptoms, it is recommended to slowly taper PPIs over four weeks prior to stopping.

There are 3 approaches that are equally effective in preventing symptom return when you stop your PPI:

1. One approach is to ask your physician to write a new prescription for only half the dose and take this for four weeks, then stop.
2. Alternatively, you can simply skip a pill every second day for four weeks, then stop.

WEEKS	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1		●		●		●		
2	●		●		●		●	
3		●		●		●		
4	●		●		●		●	

3. Or, you can use your PPI or alternatives such as ranitidine (Zantac®) or antacids including Tums®, Rolaids® or Maalox® to keep control of your symptoms, only when needed.

In order to select the best option for you, make sure you discuss this with your doctor, nurse or pharmacist.



Most PPI tablets or capsules cannot be cut. Please talk with your pharmacist before cutting your PPIs.

Make a special appointment to review your medications with your doctor, nurse or pharmacist.

Consult with a health care professional before deciding to taper off your PPIs. You may be on other medications (e.g. anti-inflammatory drugs or corticosteroids), which require you to stay on PPIs or switch to another stomach protective agent.



5 QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

1. Do I need to continue my medication?
 2. How do I reduce my dose?
 3. Is there an alternative treatment?
 4. What symptoms should I look for when I stop my medication?
 5. With whom do I follow up and when?
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Questions I want to ask my health care provider about my medication

Use this space to write down questions you may want to ask:

This brochure can be found online at:

www.deprescribingnetwork.ca/useful-resources