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GI learning, personalised

Summary

PPIs: Pros and cons evidence-based data

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Stomach & H. Pylori | Mechanisms & Personalised Medicine

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Proton pump inhibitors are highly effective for evidence-based indications such as peptic ulcer bleeding and Barrett's oesophagus, but more than 50% of prescriptions lack clear indication, representing overuse rather than a fundamental safety problem.

KEY POINTS

- The speaker stated that evidence-based PPI indications include esophagitis, Barrett's oesophagus, peptic ulcer disease, H. pylori eradication, and ICU-related upper GI bleeding, with New England Journal studies showing PPIs after endoscopic haemostasis reduce rebleeding and pre-endoscopy use reduces endoscopy need by roughly 10%.
- The largest randomised controlled trial, reported by the speaker as having roughly 9000 patients per arm followed for three years, found no increase in myocardial infarction, stroke, or cardiovascular death, with only a modest signal for enteric infections.
- Observational studies reporting 1.5-fold increased risks for fractures, kidney injury, or dementia suffer from confounding by indication and protopathic bias, and the speaker noted that optimised study designs show nearly no gastric cancer risk.
- The speaker stated that slight decreases in glomerular filtration rate and hazard ratios of 1.72 for spontaneous bacterial peritonitis in cirrhotic patients were reported, suggesting surveillance in vulnerable groups.
- Recommendations include using the lowest effective dose, re-evaluating indication during treatment, employing step-down or on-demand strategies, and stopping treatment when no indication exists.
- The speaker concluded that the problem is PPI overuse without indication, not inherent side effects when PPIs are appropriately prescribed, and noted that omeprazole combined with clopidogrel should be avoided due to drug interactions, with lansoprazole or rabeprazole as alternatives.

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