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Summary

DEFINING THE OPTIMAL STRATEGY FOR PROTON PUMP INHIBITOR DEPRESCRIBING: RESULTS FROM THE PEPPER TRIAL

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Stomach & H. Pylori | Oesophagus

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The PEPPER trial found that 43.2% of primary care patients on chronic PPI without valid indication successfully discontinued therapy at one year, with on-demand PPI, alginate substitution, and intermittent PPI strategies showing comparable success rates of 46.8%, 42.8%, and 39.4% respectively.

KEY POINTS

- Among 629 patients randomized to three deprescribing strategies, overall one-year success (defined as fewer than 4 PPI doses per month and willingness to continue) was achieved by 43.2% of patients, with no statistically significant difference between strategies.
- Of 122 patients initially on high-dose PPI, 91% successfully down-titrated to maintenance dose before randomization.
- Failure to achieve successful deprescription was associated with elevated baseline symptoms of heartburn (RR=0.818, p=0.0010), postprandial distress (RR=0.842, p=0.0010), and epigastric pain (RR=0.887, p=0.0083), as well as reduced symptom-related quality of life (RR=0.769, p=0.0003).
- Patients were followed for one year after one month on their assigned strategy, with antacids allowed as rescue therapy throughout; the study was conducted in primary care by 61 general practitioners.
- The typical patient was 60 years old, 60% female, with a median of 9 years of prior PPI use, and had no valid indication for long-term therapy.

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