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Summary

THE PEPPER TRIAL: WHAT TO EXPECT WHEN STOPPING CHRONIC PROTON PUMP INHIBITOR THERAPY IN PRIMARY CARE PATIENTS

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UEG Week Barcelona 2026 | Presentation

Stomach & H. Pylori | Oesophagus

October 19, 2026

PPI deprescribing in long-term primary care users causes transient symptom worsening at one month but leads to sustained symptom improvement and better quality of life over one year of follow-up.

KEY POINTS

- In 627 patients (median 9 years PPI use) randomised to three deprescribing strategies, overall symptom severity increased significantly at one month ($p<0.0001$), driven by worsening heartburn, nausea, postprandial fullness, early satiation, and upper abdominal pain.
- The symptom increase was driven mainly by unsuccessful patients; successful patients (limited to <4 PPI doses per month) did not experience increased overall symptom severity during deprescribing.
- During one-year follow-up, overall PAGI-SYM scores improved to below baseline ($p<0.0001$), with postprandial fullness and early satiation improving from 3 months onward ($p=0.0005$) and upper abdominal pain from 6 months onward ($p=0.0047$).
- Bloating severity decreased significantly from the deprescribing month onward ($p<0.0001$) and remained lower than baseline throughout follow-up.
- Quality of life improved significantly from the follow-up period onward ($p<0.0001$), with improvements across all quality-of-life domains.
- Antacids were allowed as rescue therapy throughout the trial; no significant differences in symptom pattern were seen based on initial PPI indication.

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