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Summary

LESS IS MORE: DEPRESCRIBING PROTON PUMP INHIBITORS IN A PRIMARY CARE SETTING

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Oesophagus

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A primary care study of 640 long-term PPI users without strict indication found that 61% successfully maintained PPI deprescription after 6 months, with transient heartburn but improved bloating and fullness.

KEY POINTS

- Among 640 patients (median age 62 years, 60% female) recruited by 60 general practitioners, 76% successfully interrupted PPI intake one month after deprescription, and 61% sustained success at 6 months.
- Down-titration from healing to maintenance dose was successful in 92% of 128 patients; success rates did not differ by initial PPI indication, demographics, or initial dose.
- GP-estimated success probability at baseline was associated with successful deprescribing at 6 months ($p=0.0075$, OR=2.6, 95%CI: 1.3–5.2).
- Patients who successfully reduced PPI intake experienced transient heartburn increase after deprescription that returned to baseline, while bloating and postprandial fullness significantly decreased during follow-up (both $p<0.0001$).
- Successfully deprescribed patients showed increased magnesium levels and decreased gastrin levels compared to those unsuccessful in deprescribing ($p=0.004$ and $p=0.002$, respectively).

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