

Patient Information

Name: _____

DOB: _____

MCP: _____

PPI (drug/dose): _____ (drug) (dose)

Date: _____

Prescriber: _____

Tel # _____ Fax # _____

Pharmacist: _____

Pharmacy: _____

Tel # _____ Fax # _____

For most indications, PPI use beyond 12 weeks provides little benefit yet increases the risk of adverse events. **The Canadian Association of Gastroenterology and Clinical Practice Guidelines recommend deprescribing PPIs at least once per year unless the patient has one of the following indications:**

- ✓ Chronic NSAID users with bleeding risk
- ✓ Documented history of bleeding GI ulcer
- ✓ Barrett's esophagus
- ✓ Severe esophagitis

Long-term PPI use may be associated with increases in: vitamin B12 deficiency, *C. difficile* infection, community-acquired pneumonia, fractures, renal complications and hypomagnesemia.

Pharmacist Report (Indicate all that apply by checking boxes)

Our patient has been taking a PPI for over 12 weeks

To the best of my knowledge, our patient does not have an indication for long term PPI use

Educational brochure on PPI deprescribing provided to patient following pharmacist consultation

Please consider this patient as a candidate for PPI deprescribing

Pharmacist Comments or Recommendations (Optional):

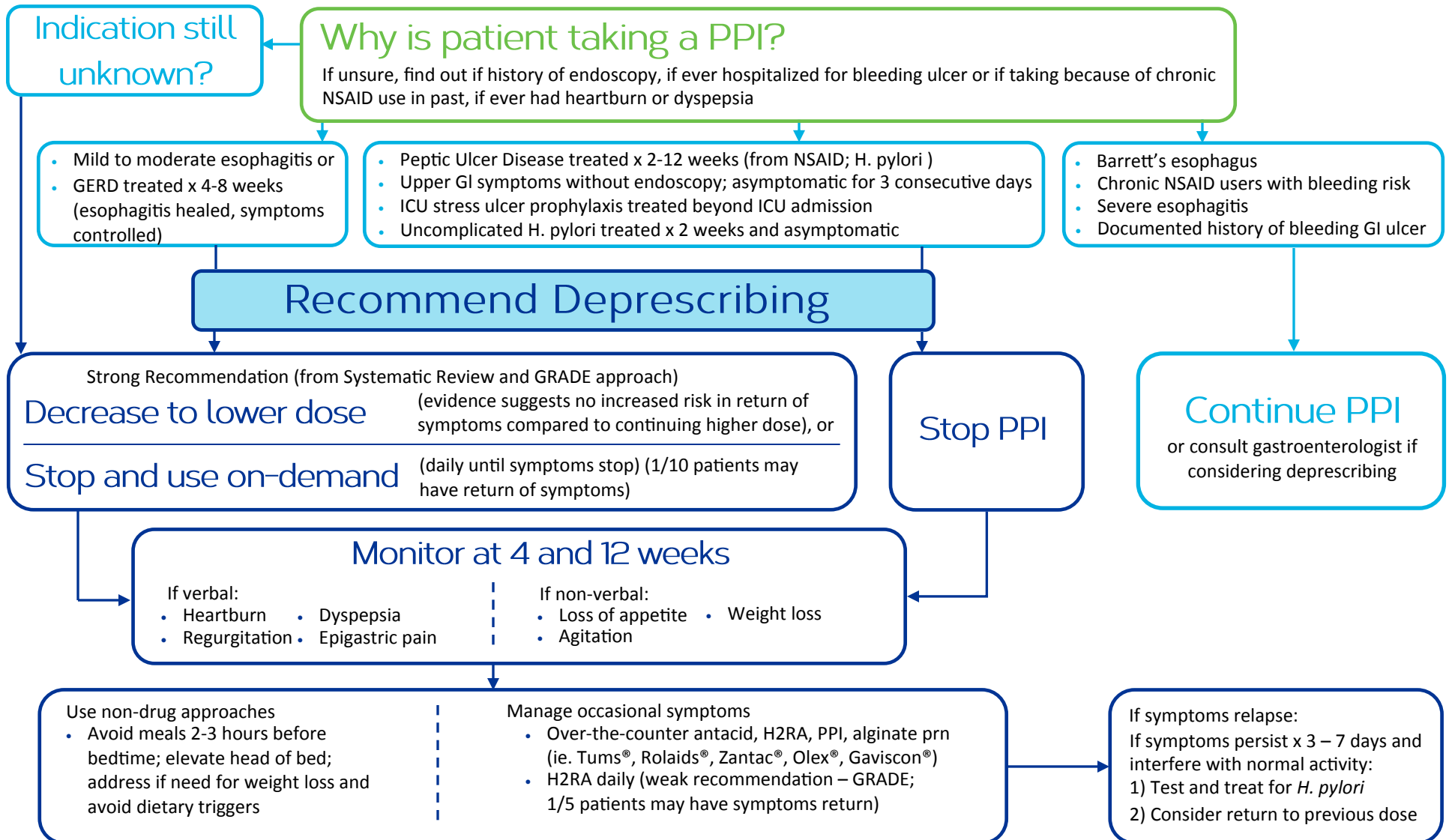
Options to minimise rebound symptoms following deprescribing

- Use PPI only as needed
- Decrease PPI to a lower dose for 4 weeks then stop
- Switch to H2 Receptor Antagonist (H2RA)/alginate/antacid as needed

Prescriber Comments to Pharmacist (Optional):

Resources and references available at: SaferMedsNL.ca





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B, Pottie K, Thompson W, Boghossian T, Pizzola L, Rashid FJ, et al. Deprescribing proton pump inhibitors. Evidence-based clinical practice guideline. Can Fam Physician 2017;63:354-64 (Eng), e253-65 (Fr).



deprescribing.org

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