

# Primary Care PPI Review Pathway

Version 1.0

VERSION CONTROL		
Version	Date	Amendments made
Version 1.0	July 2022	New document. AG.

## Contents

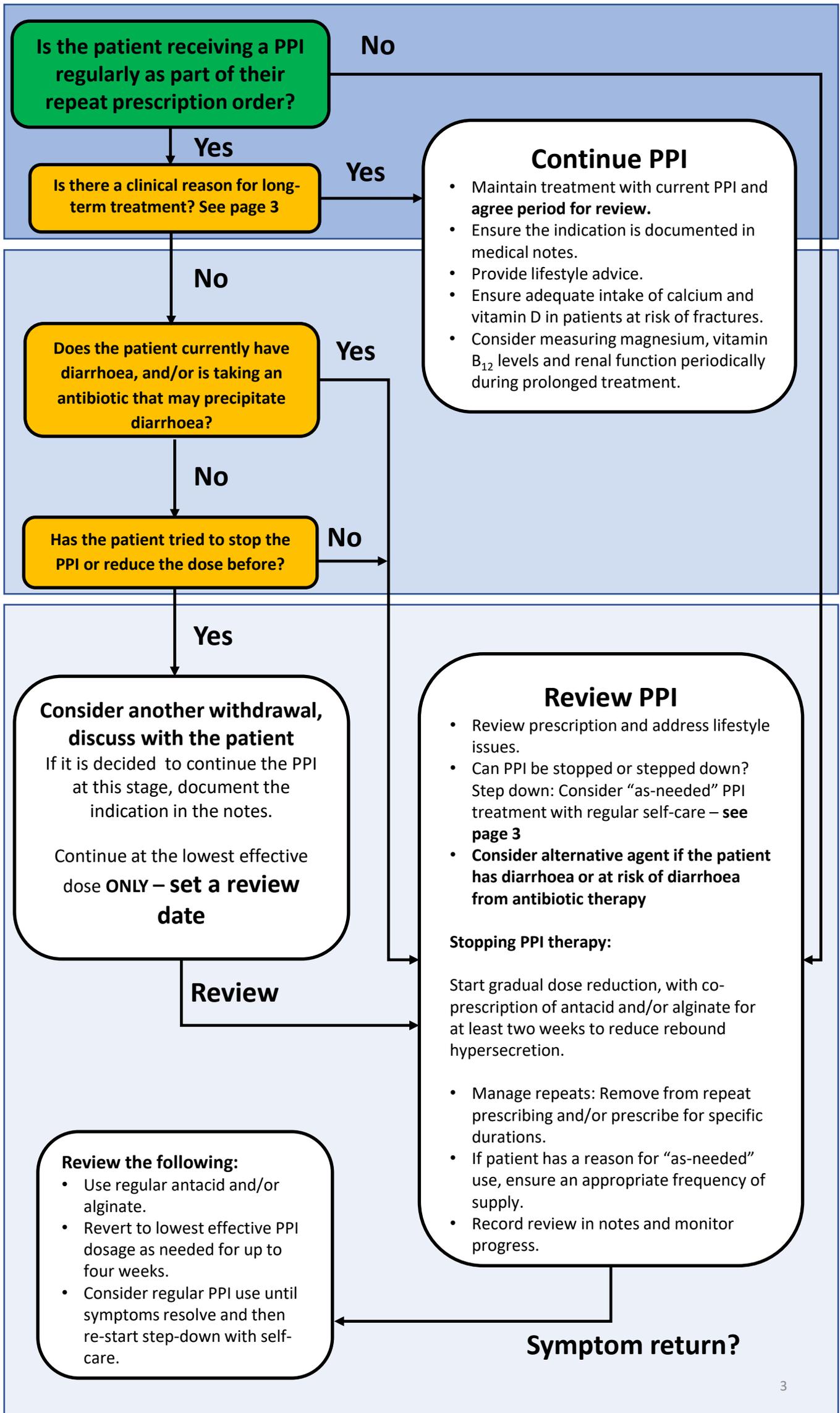
1. Primary Care PPI Review Pathway
2. Primary Care C.difficile PPI Review Pathway
3. Primary Care PPI Review Pathway: Additional information

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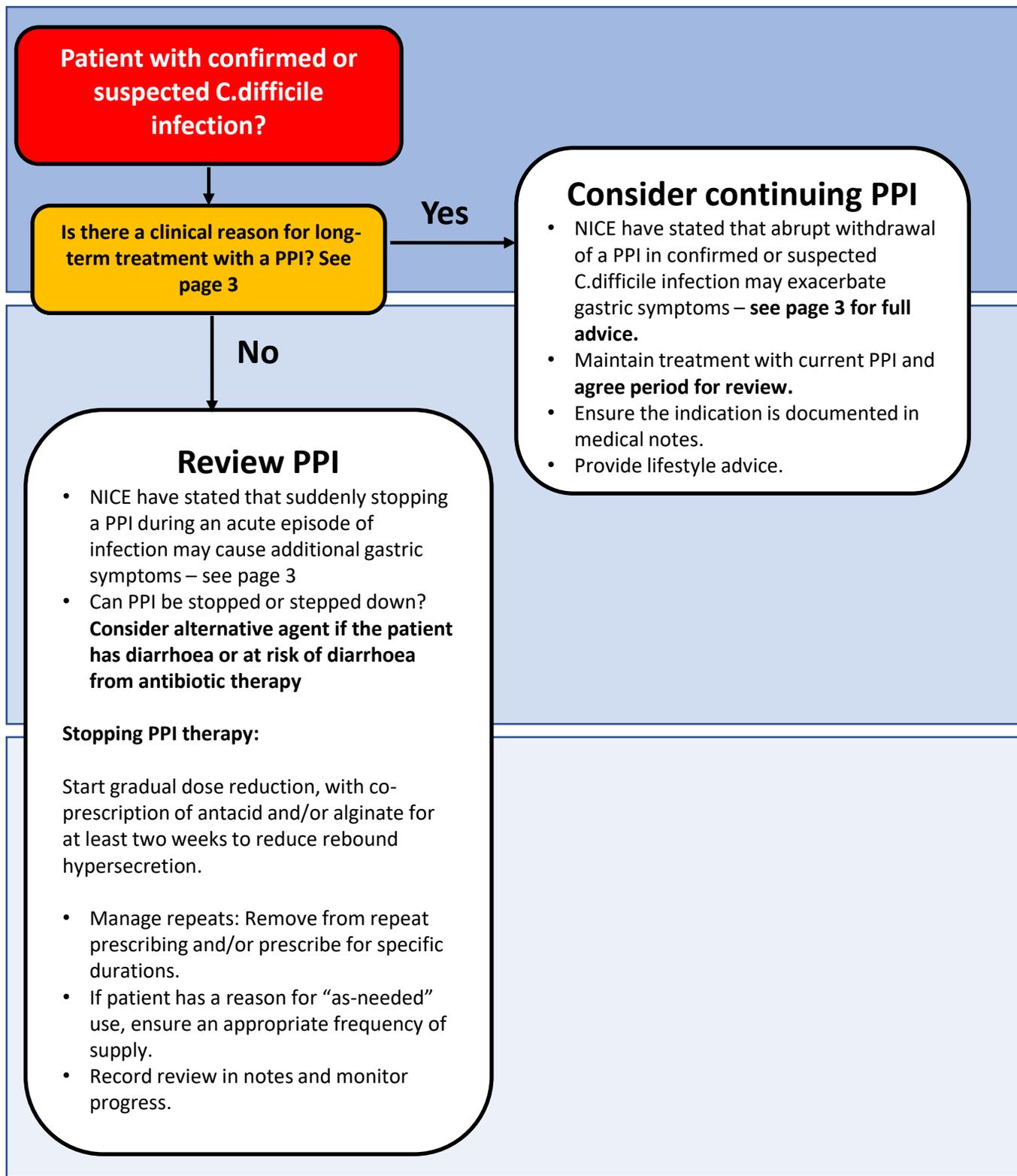
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# Primary Care PPI Review Pathway



# Primary Care C.difficile PPI Review Pathway



Adapted from AWMSG Safe Use of Proton Pump Inhibitors, 2018, NICE NG 199: Clostridioides difficile infection: antimicrobial prescribing 2021 and LTH NHS Trust PPI review algorithm, 2021.

# Primary Care PPI Review Pathway: Additional information

## 1. Clinical reasons for long-term treatment

- Endoscopically proven oesophagitis
- Gastric ulceration
- Oesophageal strictures
- Barrett's oesophagus
- H.pylori negative duodenal ulcers
- Gastro-protection due to taking medications that significantly increase the risk of gastrointestinal bleeding

## 2. Self care

Give patients lifestyle advice.

Advise patients to use antacids and/or alginates first line to control symptoms.

Review use of medicines known to cause GI adverse effects.

## 3. PPIs and Clostridium difficile infection

NICE have stated that it is good prescribing practice to review the continuing need for existing proton pump inhibitor (PPI) treatment in people with suspected or confirmed C. difficile infection.

Although some associations have been made between PPI use and the risk of C. difficile infection or recurrence, there is no definitive evidence of a causal or exacerbator effect. Also, no evidence from systematic reviews or randomised controlled trials was found to support stopping current PPI treatment. NICE have stated that suddenly stopping a PPI during an acute episode of infection may cause additional gastric symptoms. Additionally, some people will need ongoing gastroprotection for a clinical indication. However, they were aware that many people may be taking a PPI without a clear indication, so concluded that the use and need for a PPI should be reviewed.

## 4. Further advice for clinicians when reviewing PPIs

- Alternative agents include H2 receptor antagonists.
- Patients taking more than 20mg daily of omeprazole or more than 30mg daily of lansoprazole are considered to be on high dose treatment. When reducing doses, please choose the lowest effective dose to control symptoms.
- All changes to treatment should be fully discussed with the patient and documented in their notes.