Lancashire & South Cumbria Medicines Management Group

Primary Care PPI Review Pathway

Version 1.1

Introduction

VERSION CONTROL		
Version	**Date**	**Amendments made**
Version 1.0	July 2022	New document. AG.
Version 1.1	November 2025	Incorporated PrescQIPP guidance, improved clarity of review pathway. Updated lifestyle advice. AG.

Contents

Primary Care PPI Review Pathway

Is the patient receiving a PPI regularly as part of their repeat prescription order?

No → **Continue PPI**

Yes

Is there a clinical reason for long-term treatment? See page 3

Yes → **Continue PPI**

No

Does the patient currently have diarrhoea, and/or is taking an antibiotic that may precipitate diarrhoea?

Yes → **Review PPI**

No

Has the patient tried to stop the PPI or reduce the dose before?

No → **Review PPI**

Yes

Continue PPI

- Maintain treatment with current PPI and **agree period for review.**
- Ensure the indication is documented in medical notes.
- Provide lifestyle advice.
- Ensure adequate intake of calcium and vitamin D in patients at risk of fractures.
- Consider measuring magnesium, vitamin B_{12} levels and renal function periodically during prolonged treatment.
- Stop PPI when potentially ulcerogenic medicine is stopped or following a short course post-discharge and is no longer required

Consider another withdrawal

Discuss with the patient

If it is decided to continue the PPI:

- Document the indication in the notes.
- Continue at the lowest effective dose or consider use PRN

If stopping or stepping down, monitor at weeks 4 and 12 for: heartburn, dyspepsia, regurgitation, epigastric pain, loss of appetite, weight loss and agitation

Review the following:

- Consider test/treat for H.pylori if not already done so.
- Use regular antacid and/or alginate.
- Revert to lowest effective PPI dosage as needed for up to four weeks.
- Consider regular PPI use until symptoms resolve and then re-start step-down with self-care.

Review PPI

Consider stopping or stepping down

- Review prescription and address lifestyle issues – see page 5
- **Step down:** Consider "as-needed" PPI treatment (if not already done so) with regular self-care – **see page 5**
- **Consider an alternative agent to PPIs if the patient has diarrhoea or is at risk of diarrhoea from antibiotic therapy**

Stopping PPI therapy:
Start gradual dose reduction, with co-prescription of antacid and/or alginate for at least two weeks to reduce rebound hypersecretion.

- Manage repeats: Remove from repeat prescribing and/or prescribe for specific durations.
- If patient has a reason for "as-needed" use, ensure an appropriate frequency of supply.
- Record review in notes and monitor progress.

- **If stopping or stepping down, monitor at weeks 4 and 12 for:** heartburn, dyspepsia, regurgitation, epigastric pain, loss of appetite, weight loss and agitation

Symptom return?

Primary Care C.difficile PPI Review Pathway

Patient with confirmed or suspected C.difficile infection?

Is there a clinical reason for long-term treatment with a PPI? See page 3

Yes

Consider continuing PPI

- NICE have stated that abrupt withdrawal of a PPI in confirmed or suspected C.difficile infection may exacerbate gastric symptoms – **see page 3 for full advice.**
- Maintain treatment with current PPI and **agree period for review.**
- Ensure the indication is documented in medical notes.
- Provide lifestyle advice.

No

Review PPI

- NICE have stated that suddenly stopping a PPI during an acute episode of infection may cause additional gastric symptoms – see page 3
- Can PPI be stopped or stepped down? **Consider alternative agent if the patient has diarrhoea or at risk of diarrhoea from antibiotic therapy**

Stopping PPI therapy:

Start gradual dose reduction, with co-prescription of antacid and/or alginate for at least two weeks to reduce rebound hypersecretion.

- Manage repeats: Remove from repeat prescribing and/or prescribe for specific durations.
- If patient has a reason for “as-needed” use, ensure an appropriate frequency of supply.
- Record review in notes and monitor progress.

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
- On-going uncontrolled GORD

2. Self care

Give patients lifestyle advice:

- Advise to avoid meals 2 – 3 hours before bedtime
- Elevate the head of the bed
- Address if a need for weight loss
- Avoid dietary triggers, such as caffeine, chocolate, and fatty foods.
- Smoking cessation
- Reduce or stop alcohol intake

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.

Bibliography

1. PrescQIPP. Proton Pump Inhibitors (PPIs): Long-Term Safety and Gastroprotection, Attachment 1: Proton pump inhibitor (PPI) deprescribing algorithm (adults), last updated 2021.
2. National Institute for Health and Care Excellence. NICE CKS: Dyspepsia – unidentified cause. Last updated May 2024. Accessed via https://cks.nice.org.uk/topics/dyspepsia-unidentified-cause/ [Accessed online: 6th November 2025].
3. Lancashire Teaching Hospitals NHS Foundation Trust. PPI review algorithm. Last updated 2021.