Western Cape Government
Health

CHIEF DIRECTORATE: EMERGENCY & CLINICAL SERVICES SUPPORT
DIRECTORATE: PHARMACY SERVICES
Reference: 18/2/18/7
Enquiries: Ms Y Johnson
Email: Yasmina.Johnson@westerncape.gov.za

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TO: **DDG: CHIEF OF OPERATIONS**
CHIEF DIRECTORS
DIRECTORS
HEADS OF INSTITUTIONS
MANAGER: CAPE MEDICAL DEPOT
HEAD OF HEALTH: CITY OF CAPE TOWN
RESPONSIBLE PHARMACIST: CHRONIC DISPENSING UNIT

N.B. **FOR CIRCULATION TO ALL MEDICAL, PARAMEDICAL, PHARMACEUTICAL AND NURSING PERSONNEL**

SAFE PRESCRIBING IN ADULT PATIENTS CURRENTLY ON PROTON PUMP INHIBITORS AT PRIMARY CARE LEVEL

Purpose:

This circular aims to provide guidance for the safe and appropriate use of proton pump inhibitor (PPIs) at **Primary Care Level** in adults that are **currently on a (PPI)**, i.e. to ensure that:

- Patients that require long-term PPI therapy receive appropriate PPI therapy.
- PPI therapy is stopped, tailored or re-initiated appropriately and safely.

Background:

1. The National Department of Health Standard Treatment Guidelines and Essential medicines List (EML) recommends that patients, whose symptoms do not resolve after 4 weeks on a PPI, have gastroscopy performed[1, 2]. Due to resource constraints, this is not always feasible. Also, clogging up services with non-severe cases may result in the delay of appropriate care of more serious cases that require endoscopy or specialist care.
2. Due to the challenges with access to gastroscopy, the WCGH implemented recommendations that patients under 50 years of age with non-severe symptoms and no warning signs or risk factors, may continue PPI treatment without gastroscopy; however, there should be appropriate follow-up by the prescribing clinician for continuation of treatment (Circular H68/2016)[3].

3. A major drawback experienced at PHC level is the lack of information on gastroscopy from referral facilities and this significantly impedes appropriate decision-making at PHC level. As a consequence, PPI prescriptions for long-term use may not always be honoured at PHC level; or PPIs prescribed for indications with shorter treatment durations may be continued indefinitely.
4. For patients on a non-steroidal anti-inflammatory (NSAID) and are high-risk (i.e. patients >65 years of age; or with a history of peptic ulcer disease; or on concomitant warfarin, aspirin, or corticosteroids), the EML recommends using a PPI[2]. Should the associated risk factor(s) no longer exist(s), the PPI should be stopped[2].
5. When stopping long-term PPI therapy, the treatment should be tapered to avoid transient rebound symptoms that may lead to the resumption of PPI therapy[4].

To address the concerns above, the algorithm (Annexure A[1, 2, 4]) provides guidance on prescribing for patients already initiated on a PPI.

Your co-operation in this regard is appreciated.

K Lowenherz

MS K LOWENHERZ

DIRECTOR: PHARMACY SERVICES

DATE: 5/3/21

Reference:

1. National Department of Health, South Africa. Essential Drugs Programme. Hospital level (Adults) Standard Treatment Guidelines and Essential Medicines List. 5th ed. 2019. South African National Department of Health
2. The National Department of Health, South Africa: Essential Drugs Programme. Primary Healthcare Standard Treatment Guideline and Essential Medicine List. 7th ed. 2020. South African National Department of Health
3. Western Cape Government Health. Circular H68/2016: Supplementary List 140: Annexure A & B. 2016. Western Cape Government Health. Cape Town
4. Farrell B., Pottie K., et al (2017) Deprescribing proton pump inhibitors: evidence-based clinical practice guidelines. *Canadian Fam Phys. Vol 63: 2017.*

4th Floor, 16 Chiappini Street, Cape Town, 8001
Tel: +27 21 483 6198 / +27 21 483 8702

P O Box 2060, Cape Town, 8000
www.westerncape.gov.za

ANNEXURE A

SAFE PRESCRIBING OF PROTON PUMP INHIBITORS (PPI) IN ADULTS AT PRIMARY CARE LEVEL

THIS ALGORITHM IS INTENDED FOR PATIENTS ALREADY ON PROTON PUMP INHIBITORS

REFER FOR GASTROSCOPY or SPECIALIST IF:

- **Alarm signs:** Weight loss; Dysphagia; Anaemia; Haematemesis; Melaena; Palpable abdominal mass, Persistent vomiting; Odynophagia
- **Risk factors:** Family history of gastric carcinoma; previous gastric surgery; ≥45 years of age with recurrent symptoms
- **If no response to PPI within 7 days** of starting therapy – the patient should be reviewed by a doctor to confirm the diagnosis and for referral.

DOCUMENT RELEVANT CLINICAL INFORMATION IN THE FOLDER, PRESCRIPTION & REFERRAL NOTES, e.g.

Diagnosis | Gastroscopy results | Dose & Duration of treatment | Other relevant information

Counsel on Lifestyle: avoid meals 2-3 hours before bedtime; avoid dietary triggers; eat small frequent meals; elevate head at bed; address if needed for weight loss (and refer to dietician); stop smoking; limit alcohol

INDICATION FOR LONG-TERM PPI

- Severe GORD on endoscopy (Grade C and D)
- Barret's oesophagus
- Zollinger-Ellison Syndrome
- Complicated Peptic Ulcer Disease (PUD) (i.e. bleeding or perforation)
- Refractory PUD (RPUD) confirmed by GIT clinic
- On an NSAID plus a risk factor(s)*

*Risk factors include:
>65 years old or history of peptic ulcer disease or on concurrent warfarin therapy or on concurrent aspirin therapy or on concurrent steroid therapy

INDICATION FOR SHORT-TERM PPI

- Empiric treatment of dyspepsia or heartburn with no alarm features
  - 14 days, maximum 4 weeks
- Endoscopic gastritis
  - 4 to 8 weeks
- Endoscopic Peptic Ulcer Disease (PUD)
  - Gastric ulcer (*H.Pylori* positive* & negative): 4 weeks
  - Duodenal (*H.Pylori* positive*): 7 days
  - Duodenal (*H.Pylori* negative): 14 days
- Mild endoscopic GORD or non-erosive reflux or dyspepsia (at endoscopy)
  - 4 to 8 weeks

* See antibiotic treatment for *H.Pylori* eradication as per the EML

STOP after treatment course

Recurrence of symptoms

No risk factors

Re-initiate PPI and when asymptomatic, consider:

Reducing dose:
- e.g. standard dose to alternate day dosing; **or**

Intermittent use as required:
- e.g. daily intake of PPI for 2 weeks until resolution, then taper dose & stop.

Alarm signs or Risk factors
- Refer to specialist / endoscopy

Failed H Pylori eradication
- Refer to specialist

No response within 7 days of treatment initiation
- Refer to specialist / endoscopy

- **Continue treatment** with PPI as per specialist / GIT clinic recommendation.
- **If on an NSAID** - continue treatment according to EML recommendations, if associated risk factors exist.

If on an NSAID – and associated risk factor(s) no longer exist:
- Taper dose (see TAPER DOSE BOX) and stop.

BOX: HOW TO TAPER DOSE & STOP*

For patients on long term PPI, taper dose slowly because of risk of acid hypersecretion.

Taper dose (Maximum 14 tablets):

Once a day for 1 week, then

Once a day on alternate days for 1 week; then

Once a day on every 3rd day for 1 week, and then **Stop**