

# PPI THERAPY FOR MANAGING GORD

Gastro-oesophageal reflux disease (GORD) is characterised by frequent reflux (at least 2 episodes per week), or episodes of reflux that are severe enough to significantly impair quality of life.<sup>1</sup> This action plan can support discussions with patients for whom starting, stepping down, and stopping proton pump inhibitor treatment (PPIs) for GORD may be appropriate.

## Advise lifestyle changes at all stages of treatment

Reinforce the importance of lifestyle factors. Provide tailored advice, and focus recommendations on identifying and avoiding individual triggers without unnecessary dietary restrictions. Regularly review adherence to lifestyle modifications.

### Starting PPI therapy

If GORD is suspected, start with a standard dose of PPI for 4–8 weeks. Provide only 1–2 prescriptions.

Advise that PPIs should be taken once daily 30–60 minutes before breakfast if symptoms are mostly during the day or before the evening meal if symptoms are mostly at night.

Advise that PPIs are not a long-term therapy for most people, and review treatment after 4–8 weeks.<sup>2</sup> Explain why the PPI may be stepped down or stopped after this time.

If symptoms have not responded adequately after 4–8 weeks, check adherence and consider further investigation and specialist referral.<sup>2</sup>

If alarm symptoms develop such as difficult or painful swallowing, blood in vomit or faeces, unexplained weight loss, or signs of anaemia, refer promptly for endoscopy and specialist review.<sup>2</sup>

### Stepping down PPI therapy

If symptoms are well controlled by initial treatment, trial a gradual step down of PPI therapy. Consider:

- ▶ reducing the daily dose or dosing on alternate days
- ▶ limiting intake to days when symptoms occur (on-demand PPI).

If stepping down does not adequately control symptoms after 3–4 weeks, resume with the lowest effective dose and frequency of PPI.<sup>3</sup>

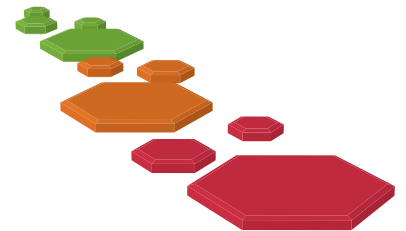
Limit use of high-dose PPIs (eg, esomeprazole 40 mg) to patients with inadequately controlled symptoms despite use of standard-dose PPIs.

### Stopping PPI therapy

Consider stopping PPI therapy if symptoms remain well controlled on lower dose when stepping down.

Some patients experience transient rebound symptoms of GORD when stopping PPI therapy. On-demand antacids or H<sub>2</sub> receptor antagonists may be added to help relieve symptoms.

Discuss the options available for stepping down and stopping, and consider patient preferences when developing their step-down plan.



PPI	Standard (full) dosage	Low (maintenance) dosage
Esomeprazole	20 mg once daily	N/A*
Lansoprazole	30 mg once daily	15 mg once daily
Omeprazole	20 mg once daily	10 mg once daily
Pantoprazole	40 mg once daily	20 mg once daily
Rabeprazole	20 mg once daily	10 mg once daily

\*Lowest available dose of esomeprazole is 20 mg. Other low-dose PPIs are appropriate step-down options.

# MANAGING YOUR MEDICINE FOR REFLUX AND HEARTBURN

You have been prescribed a proton pump inhibitor (PPI) medicine for your heartburn and reflux. Regular or severe symptoms of heartburn and reflux are caused by gastro-oesophageal reflux disease. Return for review 4–8 weeks after you start taking your PPI. **If you are no longer having any trouble with your symptoms, you may be able to step down or stop your PPI.**

## Lifestyle changes may help control your symptoms of reflux and heartburn

- Stop smoking. Discuss ways to quit with your health professional, or call the Quitline on 13 QUIT (13 78 48).
  - Avoid foods or drinks that trigger your symptoms.
  - Avoid large or late meals, and lying down immediately after eating.
  - Raise the head of your bed or wedge up your mattress by 20 cm, if symptoms disrupt your sleep.
  - Lose weight, if you are overweight.
  - Cut back on the amount of alcohol you drink.
  - Other lifestyle advice appropriate for you.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Starting

It may take several days to feel the full effect of the medicine.

Your PPI is \_\_\_\_\_

and the dose is \_\_\_\_\_ mg once daily.

Take 30–60 minutes before: breakfast  or evening meal

Date of next visit: \_\_\_\_\_

### Stepping down

Your PPI is \_\_\_\_\_

From \_\_\_\_\_ your step-down dose will be

\_\_\_\_\_ mg once daily

\_\_\_\_\_ mg once every other day

\_\_\_\_\_ mg only on days you have symptoms

Follow this plan until next visit on: \_\_\_\_\_

### Stopping

Stop taking your PPI on \_\_\_\_\_

If your symptoms are troubling you for more than 3–4 weeks after stopping, return for a review of treatment. Some people may need to restart a PPI.



**When stopping PPI therapy, be aware that you could have a temporary return in reflux or heartburn symptoms. These symptoms may be relieved by taking antacids or H<sub>2</sub> receptor antagonists available from your pharmacy.**



**Contact your doctor if your symptoms get worse or if you experience any of the following:**

- ▶ vomiting, especially if you vomit blood or material that looks like coffee grounds
- ▶ dark, sticky bowel motions
- ▶ difficult or painful swallowing
- ▶ unexplained weight loss

## Further information

- ▶ More information about reflux and heartburn can be found on the NPS MedicineWise website [nps.org.au](http://nps.org.au)
- ▶ Learn about 5 questions to ask your doctor at [choosingwisely.org.au](http://choosingwisely.org.au)