Reviewing PPIs for GORD

Initial 4–8 weeks PPI for suspected GORD

Long-term PPI for confirmed GORD

Review patient on PPI

Symptoms well controlled

Confirm adherence
Consider endoscopy (+/- referral to specialist)

Endoscopy indicates other diagnosis
Endoscopy supports GORD diagnosis

Symptoms not well controlled

Prescribe high-dose PPI

Symptoms not well controlled

Refer to specialist

Discuss options and implement stepping down to lowest effective dose, or stopping. Maintain lifestyle changes as appropriate.

Manage rebound acid hypersecretion as required

- Gradually reduce the dose before stopping PPI to reduce risk
- Treat mild rebound symptoms with antacids or H2 receptor antagonists

Use low dose/frequency of PPI regularly

If symptoms well controlled for 4–8 weeks

Use PPI on demand (as required)

If symptoms well controlled for 4–8 weeks

Stop PPI

If symptoms not well controlled