An Assessment of the Prescribing Practices of Proton Pump Inhibitors

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Abstract

• The aim of the study was to assess how physicians are prescribing proton pump inhibitors, and to evaluate if this class of medication is being prescribed, properly, to evaluate if patients have been reassessed the need for proton pump inhibitor therapy since first being prescribed, and to assess if patients have been informed by their prescribing physician the duration this class of medication would need to be taken once prescribed.

• Subjects were identified from a multicenter population, and surveyed to see how a proton pump inhibitor had been prescribed.

• In our study, 263 patients (63.7%) were never told by their prescriber how long they needed to be on proton pump inhibitor therapy. In addition, 34 (16%) subjects were instructed how long to take the medication, and 1 subject did not know.

• 132 (68%) subjects stated that their physician did not reassess the need for the medication.

• Prescribing physicians are not always reassessing their patients’ need for proton pump inhibitor therapy and not always informing their patients the duration of need for this medication.

Background

• Dyspepsia is a common symptom with an extensive differential diagnosis and a heterogeneous pathophysiology.

• It occurs in approximately 25 percent of the population each year, but most affected people do not seek medical care.1

• Although dyspepsia does not affect survival, it does significantly affect quality of life, and is responsible for substantial healthcare costs. 2,3

• It is common for gastroenterologists and primary care physicians to prescribe proton pump inhibitors (PPIs) for dyspeptic symptoms. In a study performed by Chay et al. in 2005, there was concern and controversy of the management of gastroesophageal reflux disease by United States-based primary care physicians.

Methods

Patients

We included subjects from ages 18-89 who met the following inclusion criteria: subjects seen in consultation admitted to the Gastroenterology service at Kennedy Health Systems, (2) admitted on a proton pump inhibitor, including those on long-term therapy (greater than 28 days) defined as having multiple prescriptions filled in the outpatient setting, and (3) subjects admitted on a short course of PPIs, defined as prescription for PPI within the last 28 days. Exclusion criteria were if the subject scored less than 25 on the Mini-Mental Status examination, were under the age of 18 or over the age of 89, were unable to sign the informed consent, and subjects who were critically ill, including those requiring mechanical ventilation.

Trial Design

The study was a cross-sectional, multicenter study. The study protocol was approved by the Institutional Review Board at Rowan University School of Osteopathic Medicine. Patients were recruited from two University hospitals located in southern New Jersey. All of the subjects included in the study were admitted to the hospital already taking a proton pump inhibitor. This was determined by reviewing admitted patients’ Admission Medication Reconciliation. If a patient was eligible for enrollment in the study, the patient was inquired about participating in the 10-question survey. If agreeable, informed consent was obtained, and the patient was given the survey to complete if it was completed verbally with the patient. Next of kin and/or relatives were asked to leave the bedside of the patient while the survey was being completed. An investigator at each center was responsible for enrolling patients in the study, adhering to the study protocol, and entering the data when each survey was complete. Data was entered only by the investigators of the study. No interim analyses were completed.

Survey

In the study, all participants were asked if they were taking a proton pump inhibitor prior to being admitted to the hospital. All proton pump inhibitors were listed with their brand and generic formula names. Other questions pertaining to the survey included if the participant knew why they were taking the medication, if they took more than one proton pump inhibitor, if they took their medication as prescribed, and had their physician who prescribed the medication reassessed the need for the medication. Participants were also asked who prescribed their medication, were they ever told how long they needed to be on the medication, had they undergone endoscopic procedures prior to initiation of the medication, their age, and their ethnicity (see appendix for a copy of survey given to subjects).

Results

• Reassessment of the need for PPI therapy by the participants’ medical provider showed that 195 participants (57.7%) had not been educated by a provider on the need for the medication, while 143 participants (42.3%) stated their medical provider discussed the need for the medication with them.

• Two hundred eighty-three participants (63.7%) were never told how long they needed to be on proton pump inhibitor therapy. Fifty-four participants (16%) were told the duration they needed to take the medication, and 1 participant could not recall.

Conclusions

• This study has shown a wide variation between physicians’ prescribing of proton pump inhibitors, use of the medication by participants, and lack of communication between physicians and patients regarding PPI use.

• Overall, it appears from the data that physicians are prescribing less medication for the appropriate reason, however, are not reassessing their patient’s need for the medication.

• Per the American College of Gastroenterology practice guidelines for dyspepsia and gastroesophageal reflux disease, recommendations are to empirically treat the patient with a 4 to 8 week course of empiric anti-secretory therapy or the preferred non-endoscopic strategy. 4 The American Gastroenterological Association recommends treating patients who present with gastroesophageal reflux-like symptoms with an empiric 8 week total of twice-daily PPIs without definitively establishing the diagnosis.5

• Subspecialist should be considered for further evaluation. In our study, 83.7% of our participants stated that they were not informed by their medical provider how long they would need to be on PPI therapy. Furthermore, 57.7% of the participants stated that their medical provider never reassessed their need for the medication.

Bibliography


