

SHOULD I KEEP TAKING MY ACID REFLUX MEDICATION?

A consult decision aid for you to discuss whether to continue your proton pump inhibitor (PPI)

1. Why am I being offered this choice?

YOU HAVE TAKEN A PPI FOR AT LEAST 4 WEEKS (to treat mild/moderate heartburn or acid reflux)	Acid reflux happens when acid from your stomach travels into your esophagus (a tube that connects the mouth to the stomach). The acid causes heartburn, pain in the throat or trouble swallowing. PPIs stop release of acid in the stomach.
YOU HAVE NO SYMPTOMS	PPIs resolve symptoms and heal about 60 to 80% of patients after 4 to 8 weeks. Some people may not need to keep taking PPIs long-term. Guidelines suggest using the lowest effective dose for the shortest duration.
YOU DO NOT HAVE A REASON TO STAY ON A PPI LONG-TERM	Certain people need PPIs long-term (for example, those taking regular NSAIDs*, those with a history of a stomach bleed, Barrett's esophagus or severe inflammation in their esophagus). It is not be suitable for these people to stop their PPI.

*NSAID = non-steroidal anti-inflammatory drugs (e.g. ibuprofen [Advil], naproxen [Aleve])

2. What are your options?

- Continue taking your PPI as you are now
- ↘ Use a lower dose of PPI
- ✋ Stop and use PPI "on-demand" (only when you have symptoms, for as long as it takes for symptoms to go away, then stop)

3. Rate the importance of benefits and harms of each option

CONTINUE VS. LOWER DOSE

This is the best estimate of what happens to 100 people with mild/moderate acid reflux who use a lower dose of PPI versus those who continue the same dose for **12 months**.

Use stars ★ to show how much each benefit, risk, or reason matters to you. No stars means not at all. Five stars means a great deal. Circle the number of stars that apply to you.	Continue PPI ●●●	Use a lower dose of PPI ↘	How much does this matter? ⚖️
SYMPTOMS COME BACK 6 out of 100 more people's ⁺⁺⁺ symptoms will come back (between 3 less to 19 more people) There <u>may be a slight or no</u> increase in the chance of symptoms coming back if you take a lower dose of your PPI	43 out of 100	49 out of 100	★★★★★
Add other reasons to choose continue your PPI at the same dose :			★★★★★

© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Contact depression@ottawa.ca or visit depression.org for more information.

Thompson W, Farrell B, Welch V, Walsh M, Vanderheyden A, Tugwell P, Bjerre L et al. Last reviewed: August 2017. Outcomes from Boghossian T et al. Cochrane Database Syst Rev 2017;CD011969, Farrell B et al. Can Fam Phys 2017;63(5):354-64; Eom et al. CMAJ 2011;183(3):310; Kwok et al. Am J Gastroenterol 2012;107:1011-19; Yu et al. Am J Med 2011;124(6):519-26. Based on the Ottawa Consult Decision Aid © 2013 Stacey, Légaré, O'Connor, OHRI & uOttawa, Canada. Icons courtesy of Noun Project: Alex S. Lakas, TukTuk Design, Michael Rowe, Shrihari Sankaran, Sergey Novosyolov. Do not change how you are taking your PPI without speaking to your doctor, nurse practitioner or pharmacist.

CONTINUE VS. STOP AND USE ON-DEMAND

This is the best estimate of what happens to 100 people with **mild/moderate acid reflux** who use PPIs “on-demand” versus those who continue at the same dose over **3 to 6 months**.

Use stars ★ to show how much each benefit, risk, or reason matters to you. No stars means not at all. Five stars means a great deal. Circle the number of stars that apply to you.	Continue PPI ●●●	Stop PPI and use “on-demand” ✋	How much does this matter? ⚖️
SYMPTOMS COME BACK 7 out of 100 more people’s ^[+] symptoms will come back (between 3 more to 11 more people) There may be an increased chance of symptoms coming back if you stop and take your PPI on-demand	9 out of 100	16 out of 100	★★★★★
PILLS PER WEEK People ^[+++] will take 3.8 less pills per week on average (between 2.8 less to 4.7 less pills per week) You will likely take less pills if you take a PPI on-demand		3.8 less pills per week	★★★★★
Add other reasons to continue taking your PPI at the same dose:			★★★★★

RARE ADVERSE EFFECTS

It is **uncertain** whether the following adverse effects are associated with **PPI use** (versus **those not taking PPIs**) because the certainty of evidence is very low:

Use stars ★ to show how much each benefit, risk, or reason matters to you. No stars means not at all. Five stars means a great deal. Circle the number of stars that apply to you.	Continue PPI	No PPI	How much does this matter?
Community-acquired pneumonia If 10,000 people take PPIs for 1-6 months 18 more people may get community-acquired pneumonia compared to those who do not take PPIs ^[+]	68 out of 10,000 experience this	50 out of 10,000 experience this	★★★★★
C. difficile infection If 10,000 people take PPIs 10 more people may get a C. difficile infection compared to those who do not take PPIs over 1 year ^[+]	22 out of 10,000 experience this	12 out of 10,000 experience this	★★★★★
Hip Fractures If 100,000 women take PPIs 24 more women may have a hip fracture compared to those who do not take PPIs (per year) ^[+] If 100,000 men take PPIs 15 more men may have a hip fracture compared to those who do not take PPIs (per year) ^[+]	Women 105 out of 100,000 Men 66 out of 100,000 experience this	Women 81 out of 100,000 Men 51 out of 100,000 experience this	★★★★★

© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Contact deprescribing@buovers.org or visit deprescribing.org for more information.

Thompson W, Farrell B, Welch V, Walsh M, Vanderheyden A, Tugwell P, Bjerre L et al. Last reviewed: August 2017. Outcomes from Boghossian T et al. Cochrane Database Syst Rev 2017;CD011969, Farrell B et al. Can Fam Phys 2017;63(5):354-64; Eom et al. CMAJ 2011;183(3):310; Kwok et al. Am J Gastroenterol 2012;107:1011-19; Yu et al. Am J Med 2011;124(6):519-26. Based on the Ottawa Consult Decision Aid © 2013 Stacey, Légaré, O'Connor, OHRI & uOttawa, Canada. Icons courtesy of Noun Project: Alex S. Lakas, TukTuk Design, Michael Rowe, Shrihari Sankaran, Sergey Novosyolov. Do not change how you are taking your PPI without speaking to your doctor, nurse practitioner or pharmacist.

4. What you can do if symptoms come back

If your symptoms come back for more than 3 days and bother you, please contact your doctor or pharmacist. You may have to return to your previous dose.

If symptoms come back but are occasional or mild: consider using an over-the-counter product such as TUMS® or Gaviscon®. Check with your doctor or pharmacist first.

Avoiding meals within 2-3 hours of bedtime, raising the head of your bed or weight loss may help control symptoms.

5. What are your decision-making needs?

Sure of myself	Do you feel sure about the best choice for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Understand information	Do you know the benefits and risks of each option?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk-benefit ratio	Are you clear about which benefits and risks matter most to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Encouragement	Do you have enough support and advice to make a choice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The SURE Test ©2008 O'Connor & Légaré.

6. Which option do you prefer?

- Continue taking my PPI at the current dose
- Try to use a lower dose of PPI
- Try to stop PPI and use "on-demand"
- Unsure

Do not change how you are taking your acid reflux medication without consulting your doctor, nurse practitioner or pharmacist.

7. My plan:

- 1.
- 2.
- 3.

If your symptoms come back for more than 3 days and are interfering with your sleep and/or normal activity, please contact your doctor or pharmacist.

GRADE system: The quality of the research used to obtain these estimates is rated using the GRADE system: ++++ High quality = further research is very unlikely to change the estimate. +++ Moderate quality = further research may change the estimate. ++ Low quality = further research is likely to change the estimate. + Very low quality = further research is very likely to change the estimate.

The SURE Test: People who answer "No" to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes. It is important to work through the decision step by step.



© Use freely, with credit to the authors. Not for commercial use. Do not modify or translate without permission.



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License.

Contact deprescribing@bruyere.org or visit deprescribing.org for more information.

Thompson W, Farrell B, Welch V, Walsh M, Vanderheyden A, Tugwell P, Bjerre L et al. Last reviewed: August 2017. Outcomes from Boghossian T et al. Cochrane Database Syst Rev 2017;CD011969, Farrell B et al. Can Fam Phys 2017;63(5):354-64; Eom et al. CMAJ 2011;183(3):310; Kwok et al. Am J Gastroenterol 2012;107:1011-19; Yu et al. Am J Med 2011;124(6):519-26. Based on the Ottawa Consult Decision Aid © 2013 Stacey, Légaré, O'Connor, OHRI & uOttawa, Canada. Icons courtesy of Noun Project: Alex S. Lakas, TukTuk Design, Michael Rowe, Shrihari Sankaran, Sergey Novosyolov. Do not change how you are taking your PPI without speaking to your doctor, nurse practitioner or pharmacist.