

# Do more by doing less: a pharmacist lead PPI deprescribing intervention

Tori Forrester<sup>1</sup>, Duncan Long<sup>1</sup>, Rhiannon Allen<sup>2</sup>, Karl Winckel<sup>1,2</sup>

<sup>1</sup>Pharmacy Department, Princess Alexandra Hospital

<sup>2</sup>School of Pharmacy, The University of Queensland

## AIMS

To audit proton pump inhibitor (PPI) deprescribing rates at a major tertiary hospital when the pharmacist initiated a PPI deprescribing tool.

## METHODS

A PPI deprescribing tool was developed<sup>1</sup> and used for a four month trial by ward pharmacists on two wards (one medical admission and one rehabilitation ward) to assess patient's risk and identify patients for whom it was appropriate to recommend cessation of their PPI (Figure 1). The tool was completed by pharmacists and then either taken to the treating doctor or left for them to review and make a decision on the PPI. A retrospective audit was then conducted to identify the outcomes of pharmacist recommendations on the form.

## RESULTS

There were 72 deprescribing tools completed between June and September 2016. Three in four patients were taking a PPI for gastroesophageal reflux disease, with nearly a quarter of all patients taking a high dose PPI. Of the patients on a high dose, nearly a third had been taking the PPI for longer than five years. Over half of patients (38/55) were happy to trial step down of their PPI or cessation (Figure 2). The pharmacist's recommendation to cease or reduce the PPI in 91% (30/33) patients was accepted (Figure 3). Overall, a quarter of patients had their PPI ceased by the treating doctor and another quarter stepped down to a H<sup>2</sup> Antagonist or reduced PPI dose.

Figure 1 The PPI Deprescribing Tool

Figure 2

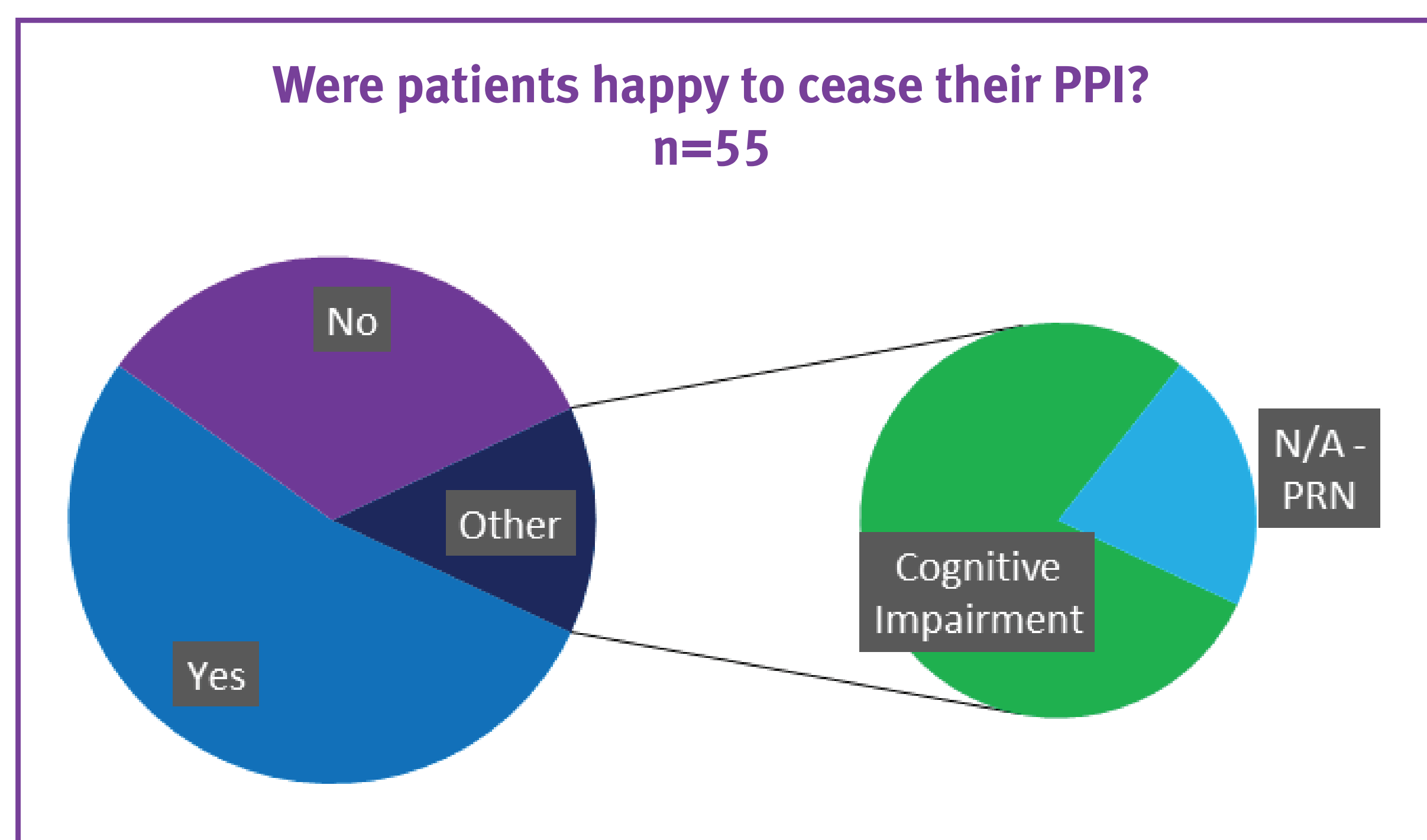
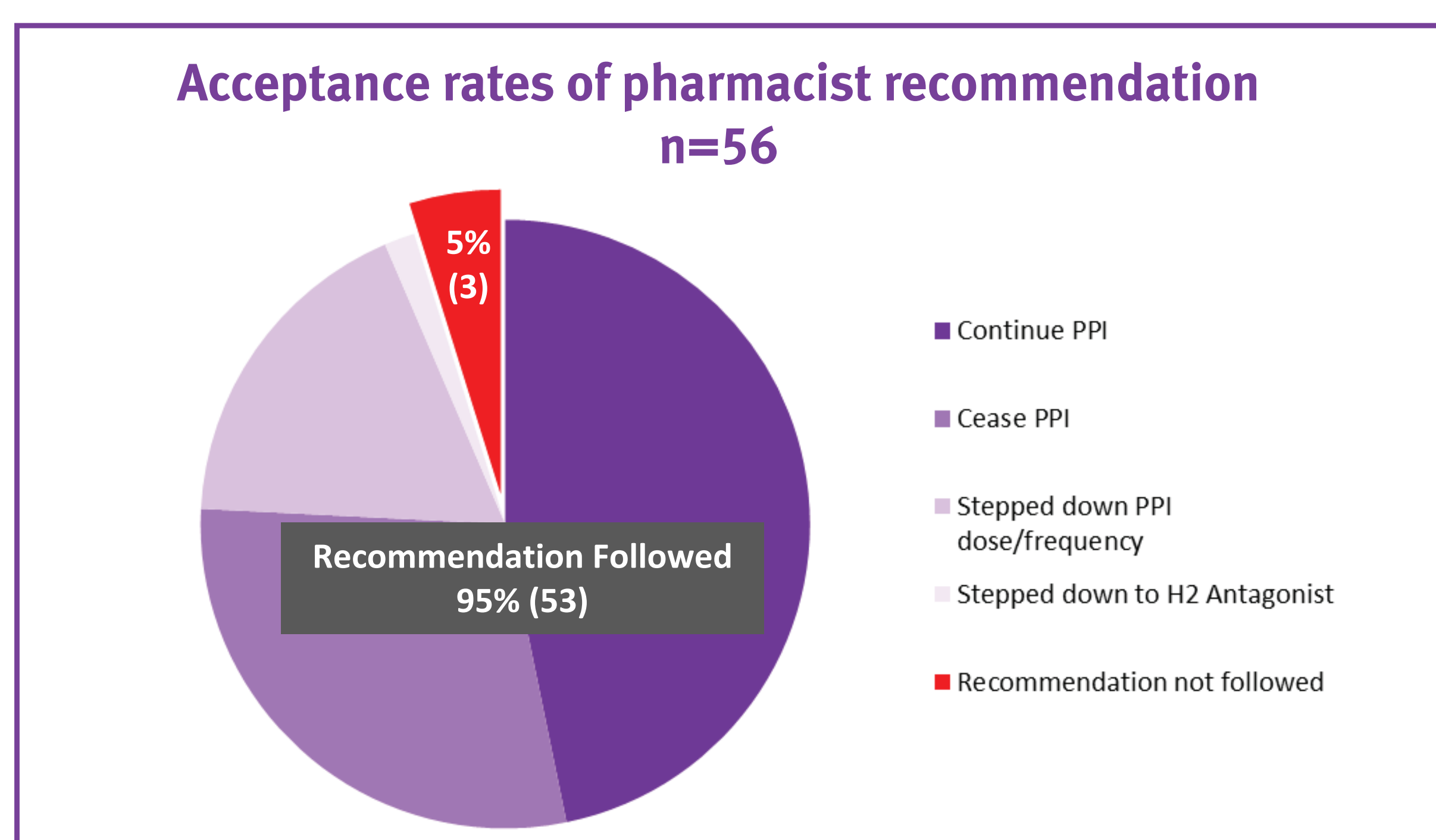


Figure 3



## CONCLUSION

The success of our deprescribing tool presents the opportunity to expand a pharmacist's role in the drug rationalisation process. This rationalisation process differentiates itself from other explicit criteria (e.g. Beers, Start/Stop<sup>2,3</sup>) as it involves greater clinical context and increased patient autonomy. Using our deprescribing tool, pharmacists have a more structured approach to PPI review; enabling successful deprescribing of PPIs and thus decreasing the clinical and financial burden of PPIs.

## LIMITATIONS

There was no prolonged follow up of patients to evaluate whether PPIs had been restarted. This intervention and audit was limited to medical wards only.

## REFERENCES

1. Reeve, Emily, et al. "Feasibility of a patient-centered deprescribing process to reduce inappropriate use of proton pump inhibitors." *Annals of Pharmacotherapy* 49.1 (2015): 29-38.
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3. Gallagher P, Ryan C, Byrne S, Kennedy J, O'Mahony D. STOPP (Screening Tool of Older Person's Prescriptions) and START (Screening Tool to Alert doctors to Right Treatment). Consensus validation. *Int J Clin Pharmacol Ther.* 2008;46(2):72-83.