

Deprescribing in a family health team: A pilot study of chronic proton pump inhibitor (PPI) use

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OBJECTIVES: Studies show PPIs are often used inappropriately (i.e. without an indication or for longer durations than recommended), however, few tools exist to guide their reassessment and deprescribing. This study aimed to develop, implement and evaluate a PPI deprescribing process and tool in an academic family medicine clinic.

METHODS: The primary care providers (PCPs) of adult patients taking a PPI for ≥ 8 weeks with an upcoming periodic health exam (PHE) were sent a reminder message to reassess therapy via the electronic medical record. A PPI Deprescribing Tool was also uploaded into the patient's chart to serve as a second reminder and to guide reassessment and deprescribing (where indicated). Follow up data collection occurred 10 weeks after the PHE to determine changes to PPI use. A PCP survey assessed the usability and barriers to implementing the intervention.

RESULTS: The majority of the 46 included patients were on standard dose PPI for GERD for > 1 year. Ninety-three percent had their PPI reassessed during the PHE which resulted in 63% having their PPI stopped or stepped down to an alternate therapy. Survey respondents found the reminder message more useful than the PPI Deprescribing Tool. The "Tool", however, was frequently cited as a facilitator to adopting the process in their practice.

CONCLUSIONS: PCP utilization of the process, "Tool" and user feedback were positive. Future research should validate this intervention on a larger scale. This project adds to the deprescribing literature by demonstrating that guidance tools may assist in adoption of the practice.