DYSPEPSIA MANAGEMENT:
APPROPRIATE ACID SUPPRESSION THERAPY

Which PPI?
- There is no evidence that one PPI is more effective than another when compared at appropriate equivalent doses.¹
- Newer PPIs offer no advantage in clinical efficacy and have less evidence for long-term safety.¹
- Generic omeprazole or lansoprazole capsules are currently appropriate choices.¹²³.

PPIs: How do they work?
- PPIs are acid activated pro-drugs which result in the permanent inactivation of proton pumps.
- Thus they reduce the volume of acid produced and allow healing.
- PPIs do NOT affect pepsin and bile salts which cause more damage than hydrochloric acid.

PPI dose → Hypochlorhydria → Hypergastrinaemia → Parietal cell expansion, protrusion and proliferation.

On stopping PPI ↓

REBOUND ACID HYPERSECRETION AND SYMPTOMS

Acid hypersecretion continues after discontinuation of PPI⁴

Evidence that PPI therapy induces the symptoms it is used to treat⁵

Potential Therapeutic Drawbacks
- Long term use of PPIs could mask or delay diagnosis of other more serious GI disease⁶
- There is evidence that PPIs may be a risk factor in developing C.difficile diarrhoea (as the vegetative cells of C.difficile are susceptible to gastric acid).⁶
- Prolonged hypochlorhydria may increase the potential for vitamin B₁₂ and calcium malabsorption resulting in the increased incidence of hip fracture.⁷⁸
### Prescribing Proposal

| C | COMBINED | PPI + raft-forming alginate, continuing with alginate for 2 weeks after stopping PPI |
| I | INTERMITTANT | PPI courses 4-8 weeks to control symptoms and/or promote healing |
| A | ACUTE | Acute prescriptions with patient education to empower patients to self-manage |

Subsequently PPI courses “on demand” where appropriate when patient feels alginate alone is insufficient for adequate symptom control.

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**Patient education and empowerment towards symptom self-management is critical**

**Encourage patient self-help measures:**

- Eat meals at regular intervals
- Eat evening meal well before bedtime
- Reduce intake of caffeine, alcohol and fats
- Reduce weight
- Avoid foods associated with symptoms
- Avoid bending down and lying flat after meals
- Do not smoke
- Raise the head of the bed by 15-20 cms
- Avoid tight belts and clothing

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**NICE CG17 August 2004: Dyspepsia - Management of adults with dyspepsia in primary care**

Patients requiring long-term management of dyspepsia symptoms should be encouraged to reduce their dose of prescribed medication stepwise:

- by using the effective lowest dose, by trying as-required use when appropriate and by returning to self treatment with antacid or alginate therapy.

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**References:**


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