A REVISION OF PRESCRIBING PUMP INHIBITOR ANALYSIS AND IMPROVEMENT OF PROFESSIONAL PRACTICES

**Background** Proton pump inhibitors (PPIs) are currently a widely prescribed and in a particularly long-term drug class in the elderly.

According to the recommendations of the Haute Autorité de Santé (HAS) of 2009, PPIs must be prescribed only when they are well indicated, and the indication of the treatment as well as the dosage must regularly be reviewed.

**Purpose** The objectives of our prospective observational study are to evaluate the prevalence of PPI prescriptions in hospitalised patients, as well as the prevalence of prescriptions that do not comply with the recommendations.

**Material and methods** This study was conducted for 15 days in hospitalised patients in the internal medicine and addiction department. The indication of PPI, the dose, the duration of treatment and the status of the prescription during hospitalisation were noted.

The criteria for compliance were: recommended indication and appropriate dose.

**Results** Ninety-one adult patients were included in the study. The average age was 60 years old.

The PPIs were prescribed for 46% of the patients included in the study during their hospitalisation, 30 patients among them continued with the same PPI that they had before the admission, while the active ingredient of PPIs was changed for 30 patients among all clinical poles, with prescriptions of PPI by oral routes in February and April 2018. The regional audit schedule validated by the Observatory of Drugs, Medical Devices and Therapeutic Innovation, Toulouse, France allowed the regional methodology, 50 patients’ records including 25 aged over 65 years old have been drawn by lot among all clinical poles, with prescriptions of PPI by oral routes in February and April 2018. The regional audit schedule validated by the Observatory of Drugs, Medical Devices and Therapeutic Innovation, Toulouse, France.

The PPIs were prescribed for 46% of the patients included in the study during their hospitalisation, 30 patients among them continued with the same PPI that they had before admission, while the active ingredient of PPIs was changed for 10 of them, and stopped for two. Among patients who had a PPI before hospitalisation, 59% have had a prescription for more than 1 year, 25% between 6 months and 1 year, and 9% for less than 6 months.

The 86% for whom the indication was indicated, it is compliant in 45% of the cases. The main indications were preventing an ulcer in patients with low-dose aspirin, treatment of peptic ulcer and gastroesophageal reflux. Of those, 89% had a dose adapted to the recommendations.

**Conclusion** This study confirms the problem of unjustified prescription of PPIs with more than half of the prescriptions not complying with the recommendations. The use of long-term PPIs is responsible for many adverse effects and the medical teams and prescribers must be aware of the importance of a regular reevaluation of PPI prescriptions. To complete the study, the adverse effects attributable to PPIs should be investigated.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Les inhibiteurs de la pompe à protons chez l’adulte, recommandation HAS 2009.

No conflict of interest.