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 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.

For 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.

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

Section 4: Clinical Pharmacy Services

A REVISION OF PRESCRIBING PUMP INHIBITOR PRESCRIPTIONS IN INTERNAL MEDICINE AND ADDICTOLOGY DEPARTMENT

C Bons, D Renaud, I Langlumé, A Le Quellec, B Bertchansky, D Rosant, C Breuer, E Roch-Torreilles. CHU Montpellier, Pharmacy Centre, Montpellier, France; CHU Montpellier, Internal Medicine, Montpellier, France; CHU Montpellier, Addictology, Montpellier, France

Background Proton pump inhibitors (PPIs) are responsible for many adverse effects and the prescription of PPIs with more than half of the prescriptions not complying with the recommended indication, dose and appropriate dose.

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.
Background 

Aspirin is beneficial for the secondary prevention of cardiovascular disease. Unfortunately, it also carries an increased risk for gastrointestinal (GI) injury, especially in patients of advanced age. It has been reported that patients ≥ 75 years are at a substantial risk of GI bleeding when taking aspirin. Proton pump inhibitor therapy was found to decrease this risk, however, safety concerns limit its use in practice.

Purpose 

To evaluate the prescribing of GI prophylaxis in elderly patients (≥75) taking aspirin.

Material and methods 

GI prophylaxis was evaluated retrospectively in elderly patients (≥75) that were discharged from the hospital between March 2018 and June 2018 on aspirin therapy. Data on the patient’s gender, age, discharge ward specialty, GI prophylactic agent and additional GI bleeding risks (history of peptic ulcer disease, H. pylori infection, concomitant drugs which cause GI bleeding) was collected from discharge summaries and analysed using differential statistics on IBM SPSS Statistics Software v25.

Results 

The total number of elderly patients (≥75) included in this study was 154% and 79.2% of them were taking GI prophylaxis on discharge. The most popular GI prophylaxis agent prescribed was lansoprazole 30 mg (59.0%). GI prophylaxis was prescribed in all the patients with a history of peptic ulcer disease or H. pylori infection and 87.2% of patients taking concomitant drugs that increase the risk of bleeding. The cardiac and the geriatric wards discharged the highest number of elderly patients on aspirin. It was found that the cardiac wards discharged more patients on GI prophylaxis (90.6%) than the geriatric wards (72.6%).

Conclusion 

In conclusion, this study has shown that even though a high proportion of elderly patients (≥75) were prescribed GI prophylaxis, there was still some inconsistency in prescribing patterns. Some elderly patients with a high risk of GI bleeding did not have any GI prophylaxis, while those with no additional GI bleeding risks did. This study also found that prescribing patterns differed between different specialties. It is therefore beneficial to develop guidelines for the hospital to follow and to raise awareness among prescribers and clinical pharmacists regarding the use of appropriate GI prophylaxis in elderly patients on aspirin therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS 

No conflict of interest.