## S3: Table 2 GASTROPROTECTION MEDICATION

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Country</th>
<th>ICU Population</th>
<th>Nature</th>
<th>Timeline</th>
<th>n</th>
<th>Gender</th>
<th>Age</th>
<th>Results</th>
</tr>
</thead>
</table>
| Bell et al | 2011 | Canada  | General Patients ≥ 66 years, with pre-ICU medication use. | Multicentre Retrospective observational cohort study. | Up-to 90 days post hospital discharge | 16474 | M-57%  | Mean 75.4 (SD 5.61) | Prescription changes at hospital discharge: Discontinuation of medication n = 670/16474 (15.4%)  
Inappropriate discharge Rx? Unclear  
Factors associated with continuation: Nil described  
Factors associated with discontinuation: ICU stay vs hospitalisation not including ICU admission |
| Blackett et al | 2021 | USA     | Medical Cardiac Cardiothoracic Surgical Neurological | Single centre Retrospective, observational cohort study | Hospital discharge and first primary care visit | 2467  | M-59%  | Highest age tertile: 18-56yrs | Prescription changes at hospital discharge: n=668 (27%) continued PPI at hospital discharge. 18/24 (64%) with available primary care records were continued PPI at this follow-up point.  
Inappropriate discharge Rx: All identified as having no indication for long-term PPI.  
Factors associated with continuation: Multivariable logistic regression model for those continued in inappropriate PPI vs discontinued PPI found surgical vs medical admission, discharge to longer term care facility vs home, undergoing UGIE vs not and increased number of medications (>10 vs <8) in favour of inappropriate continuation.  
Factors associated with discontinuation: Nil at multivariable modelling |
| Eijbroek et al | 2013 | UK      | General | Single Centre Retrospective observational cohort study | ICU-clinic 3-9months post discharge | 21    | M-53%  | Mean 64.4 (SD 13) | Prescription changes at hospital discharge: 2 additional patients prescribed PPI at discharge and follow-up.  
Inappropriate discharge Rx? 2 patients queried continuation at follow-up.  
Factors associated with continuation: Nil described  
Factors associated with discontinuation: Nil described |
| Farley et al. | 2013 | Australia | Medical | Multicentre Retrospective observational cohort study. | Hospital discharge | 387   | M-58%  | Mean 67.7 | Prescription changes at hospital discharge: n = 75/190 (36%) new SUPs continued  
n = 29/146 (20%) had pre-hospital SUP prescription changed  
n = 11/146 (8%) pre-hospital SUP discontinued  
Inappropriate discharge Rx? n = 75/190 (39%) deemed inappropriate.  
n = 9/11 pre-hospital SUP potentially discontinued inappropriately.  
Factors associated with continuation: Nil described  
Factors associated with discontinuation: Nil described |
| Farrell et al. | 2010 | USA    | General | Single centre Retrospective observational cohort study | Hospital discharge | 210   | M=52%  | Median 61 | Prescription changes at hospital discharge: n=36/185 (19.4%) survivors discharged home on new acid-suppressing medication.  
85.5% of survivors who were admitted with ASM were discharged on one of these medications. 31.3% discharged on different ASM to admission.  
Inappropriate discharge Rx: n=35/114 (31%) survivors, not admitted on ASM, were discharged home on ASM with no indicated risk factors. |
### Factors associated with continuation:
- On multivariable modelling ventilator-dependent respiratory failure only significant risk for SUP use.

### Factors associated with discontinuation:
- Nil described

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<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Country</th>
<th>Setting</th>
<th>Study Type</th>
<th>Hospital discharge</th>
<th>Prescription changes at hospital discharge</th>
<th>Factors associated with continuation</th>
<th>Factors associated with discontinuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franchitti et al.</td>
<td>2020</td>
<td>Switzerland</td>
<td>General</td>
<td>Single centre Retrospective observational cohort study</td>
<td>Hospital discharge</td>
<td>140 M-69% Median 65 (Range 17 - 92)</td>
<td>SUP continued.</td>
<td>SUP continued.</td>
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<tr>
<td>Hatch et al.</td>
<td>2010</td>
<td>USA</td>
<td>Medical</td>
<td>Single centre Retrospective observational cohort study</td>
<td>Hospital discharge</td>
<td>356 M-59% Mean 55 (SD 19)</td>
<td>SUP continued.</td>
<td>SUP continued.</td>
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<tr>
<td>Mehta et al.</td>
<td>2020</td>
<td>Canada</td>
<td>General</td>
<td>Single centre Retrospective observational cohort study</td>
<td>Hospital discharge</td>
<td>66 M-67% Mean 75.5 (SD 7.1)</td>
<td>SUP continued.</td>
<td>SUP continued.</td>
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<tr>
<td>Murphy et al.</td>
<td>2008</td>
<td>USA</td>
<td>Surgical</td>
<td>Single centre Prospective, observational cohort study</td>
<td>Hospital discharge and ICU-clinic: 4/52 post hospital discharge</td>
<td>248 M-63% Median 58.0 (IQR 43 - 69.8)</td>
<td>SUP continued.</td>
<td>SUP continued.</td>
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<tr>
<td>Shin</td>
<td>2015</td>
<td>South Korea</td>
<td>General</td>
<td>Single centre Retrospective observational cohort study</td>
<td>Hospital discharge</td>
<td>622 UK</td>
<td>SUP continued.</td>
<td>SUP continued.</td>
</tr>
<tr>
<td>Tan et al</td>
<td>2016</td>
<td>Australia</td>
<td>General</td>
<td>Multicentre Retrospective observational cohort study</td>
<td>Hospital discharge</td>
<td>314 M-57% 60 (IQR 42-71)</td>
<td>SUP continued.</td>
<td>SUP continued.</td>
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<tr>
<td>Wohlt et al.</td>
<td>2007</td>
<td>USA</td>
<td>Medical</td>
<td>Single Centre.</td>
<td>Hospital discharge</td>
<td>394 M-58% Mean 54 (SD 19.0)</td>
<td>SUP continued.</td>
<td>SUP continued.</td>
</tr>
</tbody>
</table>
Retrospective observational cohort: n = 3/394 (0.76%) discontinued GAS. n = 32/55 (58.2%) follow-up patients ongoing GAS prescription.

Factors associated with continuation: Nil described
Factors associated with discontinuation: Nil described

Key: AST – acid-suppressant therapy, GAS – gastric-acid suppressant, PPI – proton-pump inhibitor, SUP – stress ulcer prophylaxis