## S3: Table 2 GASTROPROTECTION MEDICATION

<table>
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<tr>
<th>Author</th>
<th>Yr</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>
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</thead>
</table>
| Bell et al   | 2011| Canada  | General Patients ≥ 66 years, with pre-ICU medication use. | Multicentre Retrospective observational cohortstudy. | 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%)  
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 cohortstudy | 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 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 cohortstudy | ICU-clinic 3-9 months 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 Cardiac | Multicentre Retrospective observational cohortstudy. | 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 cohortstudy | 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.  
85.9% 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. |
<table>
<thead>
<tr>
<th>Authors</th>
<th>Year</th>
<th>Country</th>
<th>Setting</th>
<th>Design</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>On multivariable modelling ventilator dependent respiratory failure only significant risk for SUP use.</td>
<td>Nil described</td>
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<tr>
<td>Hatch et al.</td>
<td>2010</td>
<td>USA</td>
<td>Medical Surgical</td>
<td>Single centre Retrospective observational cohort study</td>
<td>Hospital discharge</td>
<td>356 M-59% Mean 55 (SD 19)</td>
<td>Prescription changes at hospital discharge: n = 31/356 (8.7%) new SUP continued.</td>
<td>Nil described</td>
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<tr>
<td>Mehta et al.</td>
<td>2020</td>
<td>Canada</td>
<td>General Patient age ≥ 65</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>Prescription changes at hospital discharge: non-naïve cohort: n = 27/31 (87%) survivors continued pre-hospital SUP. Naïve cohort: n = 9/11 (82%) survivors continued new PPI.</td>
<td>Nil described</td>
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<tr>
<td>Murphy et al.</td>
<td>2008</td>
<td>USA</td>
<td>Surgical Level 1 trauma</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 59.0 (IQR 43 - 69.8)</td>
<td>Prescription changes at hospital discharge: n = 60/248 (24.2%) continued.</td>
<td>Nil described</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>Prescription changes at hospital discharge: n=359 (57.7%) continued newly initiated PPI at hospital discharge. Percentage of continued PPI use at hospital discharge increased over the 4-year study period – 48% (2010) to 71% (2013).</td>
<td>Nil described</td>
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<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>Prescription changes at hospital discharge: n = 90/184 (48.9%) new SUP continued.</td>
<td>Nil described</td>
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<tr>
<td>Wohlt et al.</td>
<td>2007</td>
<td>USA</td>
<td>Medical Surgical</td>
<td>Single Centre.</td>
<td>Hospital discharge</td>
<td>394 M-58% Mean 54 (SD 19.0)</td>
<td>Prescription changes at hospital discharge: n = 96/394 (24.4%) new GAS continued.</td>
<td>Nil described</td>
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</tbody>
</table>
| Retrospective observational cohort. | and ICU-clinic: 3-months post hospital discharge | n = 3/394 (0.76%) discontinued GAS.  
| n = 32/55 (58.2%) follow-up patients ongoing GAS prescription.  
Inappropriate discharge Rx? Yes, all continuations/discontinuations deemed inappropriate.  
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