

Opinion Article

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Reducing The Amount of Unnecessary Proton Pump Inhibitor Use After H. pylori Treatment

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Background

H. pylori (Heliobacter pylori) is a type of bacteria that infects your stomach and leads to gastritis and gastric ulcers due to inflammation in the duodenum and upper digestive tract. After diagnosis treatment involves proton pump inhibitor (PPI) use with a 10-14 day course of antibiotics. After treatment, resolution of symptoms, and confirmed eradication of H. Pylori the use of proton pump inhibitors is generally not recommended unless certain criteria are made. Almost half of all African Americans have the bacteria. For people who come to the U.S. from developing countries, at least 50% of Latinos and 50% of people from Eastern Europe have H. pylori. (Bravo et al) Our urban primary care practice in urban Jersey City NJ has a high rate of gastritis from H. pylori. Due to our high risk population we thought it was an opportunity for quality improvement for better evidence based patient care [1].

Goal

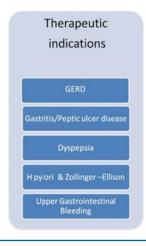
Reduce PPI therapy to decrease cost to our patients, mitigate poor bone health, hypocalcemia, hypomagnesemia, Clostridium difficile infections, and pneumonia that are associated with proton pump inhibitor use [2].

Methods and Analysis: Using our electronic medical record (EMR) Lytec MD we found twenty-eight patients from January 2021-July 28th 2022 time period who were treated with confirmed H. pylori with triple or quadruple therapy. Those who were treated were then screened for the following indications for continued to treatment which included diagnosis codes for gastroesophageal reflux disease, gastritis, peptic ulcer disease, dyspepsia, persistent

H pylori, Zollinger-Ellison syndrome, and upper GI bleeding. We found that seven patients were still on PPI therapy, four of which with one of the above indications, and three without the above indications.

Limitations

There is a chance that more patients than reported in the study could be potentially on PPI therapy now which may not be recorded in the EMR. Summary and Solution: We found that many patients over use PPI therapy after treatment with Hpylori mostly due to poor education and background knowledge. In effort to prevent over use in the future we will be using the following sheet in follow up appointments in order to screen earlier for all patients on PPI therapy to prevent over use.



Stress ulcer prophylaxis
in Critically ill
patients

Platelet<50000, INR>1.5 or PTT > 2
times control

Mechanical ventilation for >48 hours

History of Gi ulceration or bleeding within the past year

Traumatic brain injury, traumatic spinal cord injury, or burn injury

Two or more:
sepsis, ICU stay > 1 week, occult GI bleeding for > 5 days, or glucocorticoid therapy > 250mg hydrocortisone

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References

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- 2. Haastrup. (2018, May 24). Basic Clinical Pharmacology Toxicology. Retrieved from pubmed.ncbi.nlm.nih.gov: https://pubmed.ncbi.nlm.nih.gov/29658189/

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