

Medication Review of Proton Pump Inhibitors (PPI) in a FQHC: A Pilot Study

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Introduction

Proton pump inhibitors (PPIs) are typically prescribed to treat the physical conditions caused by a diet of greasy, fatty foods. Clinical guidelines per the American College of Gastroenterology (ACG) for introduction of PPIs for treatment of GERD is a two-month trial.

The hypothesis is that compared to a standard of practice of a course of two months of PPI treatment, patients at the FQHC have a longer course of treatment.

Methods

- Retrospective chart review from 7/01/2020-12/31/2021, using the medication module in the electronic health record (EMR)
- Setting was an FQHC in a non-urban setting
- Patients were prescribed a PPI from a resident physician
- Comparison of the number of months of PPI use in the sample population to the recommended two-month trial
- Statistical analysis completed with a one sample t-test.

Results

Length of PPI Use

Mean	25.15736
Variance	838.8578
Observations	197
P(one sample t-test)	6.84E-23

205 patients
8 PPI prescribed elsewhere
197 PPI prescribed by FQHC resident

- 1 month
- 2 months
- 3-12 months
- 12-24 months
- 24-36 months
- Greater than 3 years

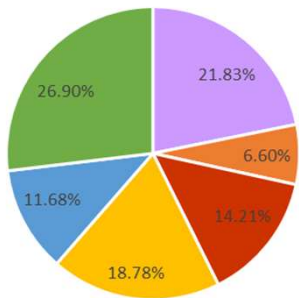


Figure 1
Amount of time that patients were prescribed a PPI

- ACG recommends a 2- month trial
- Average length of time was 25 months
- Patients are on PPIs significantly longer than recommended

Office Complaints and Prescription PPI

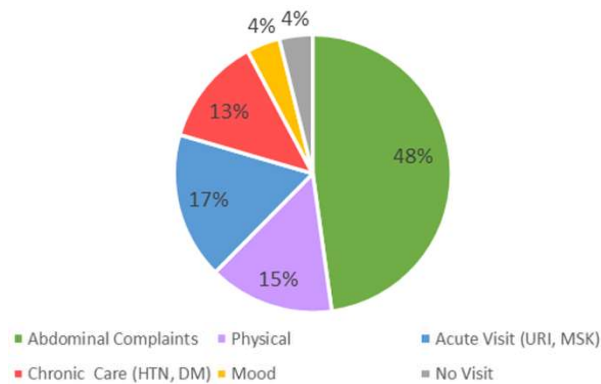


Figure 2
Initial Office Visit Chief Complaint when PPI was prescribed

- Patients often have only an initial consult visit regarding abdominal complaints
- 50% of the time patients are seeing a physician for another complaint, but are still prescribed a PPI

GI Visit

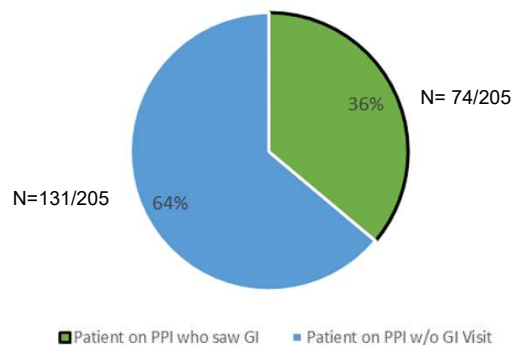


Figure 3
Percent of patients who followed up with the GI specialist

- After a failed 2-month trial of a PPI, per recommendations, patients should have further imaging
- Only 36% of the patients followed up with GI

Those with GI Visits N= 74

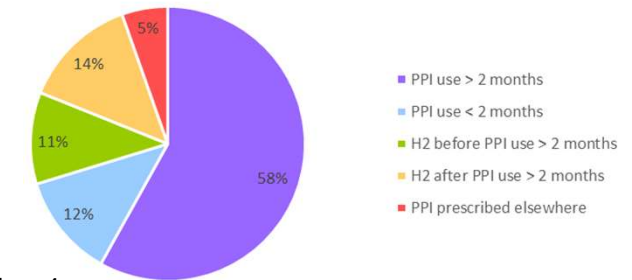


Figure 4
Medication Management in patients who saw a GI specialist

- These patients were more likely to engage in PPI tapers/ trial additional medicines (H2 blockers)

Discussion/ Conclusions

- There is no standard operating procedure (SOP) in the FQHC studied regarding PPI use: lengths are variable [Figure 1]; many patients combine their abdominal complaints alongside another chief complaint [Figure 2]; and there is low specialist follow up [Figure 3]
 - Social determinants of health have a major impact on people's health, well-being, and quality of life, and can contribute these findings
 - This data shows that there is an opportunity for quality improvement to enhance patient care regarding PPI use
 - For the 64% of patients who have not seen a specialist [Figure 3], some may simply have reflux hypersensitivity and could benefit from behavioral changes.
 - Goals moving forward include discussing positive lifestyle changes at more frequent intervals to encourage less need of continued chronic acid suppression.
 - Developing a SOP for patients with GERD, may help clinicians establish a consistent monitoring and treatment plan, including improving GI follow up rates (if specialist care is required)
- 24-hour pH monitoring is recommended in patients refractory to PPI therapy OR when the diagnosis is in question (SOR: C)
 - Obtain upper endoscopy in patients with alarm symptoms or those at high risk for complications (SOR: B)
 - Reviewing and keeping chart records up to date prior to refilling medications

References

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