

Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

Appendix 3: Deprescribing PPIs in children

Why is the medication prescribed? Does the patient still need to be on treatment?

[NICE NG1](#) & [ESPGHAN](#) recommend that after 4 to 8 weeks treatment, a trial off the medication should be attempted.

Consider stopping*/reducing the dose if:

- Indication still unknown
- Started for infant reflux and patient now eating some solids
- Gastro-oesophageal reflux disease (GORD) treated for 4-8 weeks (oesophagitis healed, symptoms controlled)
- Completed *Helicobacter pylori* eradication (in combination with antibiotics)
- Symptom-free for over 3 months
- Started as cover for NSAID/steroid/antiplatelet which is now stopped

* If patient has been on omeprazole for >6 months, reduce dose over 2-4 weeks before stopping to reduce risk of rebound symptoms.

Treatment **should not be stopped** if the child has been diagnosed with:

- Benign gastric ulcer
- Duodenal ulcers
- On-going, uncontrolled GORD
- Acid related dyspepsia
- Zollinger-Ellison Syndrome
- Eosinophilic oesophagitis
- Previous dystonic crises/status dystonicus
- Fat malabsorption despite pancreatic enzyme replacement therapy in cystic fibrosis
- Gastro-protection whilst co-prescribed a potentially ulcerogenic medicine: NSAID; antiplatelets; anticoagulants; corticosteroids; SSRIs; NSAID + SSRIS and/or aspirin.
- Barrett’s oesophagus
- Severe oesophagitis
- History of bleeding GI ulcer

Monitor at 2-4 weeks & at 12 weeks for: heartburn, dyspepsia, regurgitation, epigastric pain, loss of appetite, weight loss, and agitation. Advise parents / carers to contact the GP if the symptoms reoccur before the review date.

Continue treatment but optimise formulation choice (see above [algorithm](#))

Recommend reducing the dose

Stop treatment and monitor for return of symptoms.