

# COMING OFF A PROTON PUMP INHIBITOR

## TAPERING

For patients who have made positive lifestyle changes and are less likely to need continued chronic acid suppression, it can be difficult to come off PPIs. They often cause rebound hyperacidity, even if the underlying condition has resolved.[1] Figure 1 shows symptoms scores for dyspepsia in asymptomatic people given 40 milligrams of pantoprazole for 6 weeks versus controls. Rebound dyspepsia lasted 10-14 days.[1]

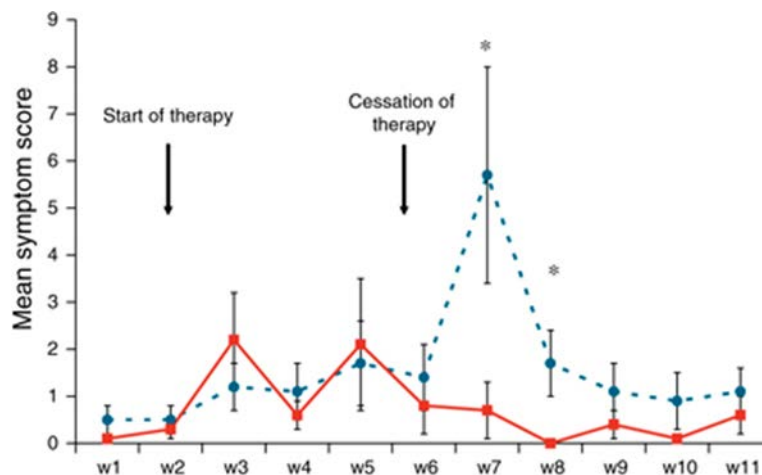


Figure 1. Symptoms of reflux in people without GERD when taking PPIs versus placebo.<sup>1</sup> Blue, dashed = Took PPI; Red, solid = Placebo group. Reprinted by permission from Macmillan Publishers LTD: American Journal of Gastroenterology, copyright 2010.

When counseling about discontinuing a PPI, let patients know that they will likely have symptoms of reflux for 10-14 days after they stop the medication. Fortunately, there are strategies to help calm reflux symptoms until rebound hyperacidity resolves.

## BRIDGE THERAPY

The following therapies will not only increase success for discontinuing a PPI but also are therapeutic for gastroesophageal reflux disease (GERD).

1. **Focus on nutrition.** Common foods that should be avoided in those with GERD include alcohol, caffeine (coffee), chocolate, cow's milk, animal fat, and orange juice.
2. Slowly taper off the PPI **over 2-4 weeks** (the higher the dose, the longer the taper).
3. While the taper is being completed, use the following for bridge therapy to reduce the symptoms of rebound hyperacidity.
  - Encourage regular **aerobic exercise**.
  - Encourage a **relaxation technique** such as deep breathing. This enhances vagal stimulation, encouraging digestion, and aids adequate peristalsis. For more information, refer to "[Power of the Mind](#)" and "[Mindful Awareness](#)."
  - Consider acupuncture 1-2 times per week.[2]

- Add one or more of the following dietary supplements:
  - **Deglycyrrhizinated licorice** (DGL), 2-4 380 tbtablets before meals or sucralfate (Carafate) 1 gram before meals.
  - **Slippery elm**, 1-2 tablespoon of powdered root in water or 400-500 milligrams capsules or 5 ml of a tincture three to four times daily.
  - A combination botanical product, **Iberogast** 1 ml three times daily.[3]
- 4. If the patient is successful with stopping the PPI, slowly taper off the above (except for positive nutritional changes, exercise, and stress management). If symptoms return, start again with one of the above or an H2 blocker (e.g., Ranitidine, 150 milligrams twice daily). If symptoms are still difficult to control, consider adding the PPI back at the lowest effective dose.

*Note: PPIs shut off all three acid pumps and H2 blockers are partial inhibitors of acid secretion. So if long-term treatment is needed, H2 blockers allow better absorption of nutrients than PPIs.*
- 5. Ideally it would be beneficial to avoid long-term acid suppression if possible since this can be associated with malabsorption of vitamin B12[4] and iron,[5] increased risk of community-acquired pneumonia,[6] hip[7,8] and spine[9,10] fractures, and *C. diff* diarrhea.[5,11] For more details, refer to "[Gastroesophageal Reflux Disease \(GERD\)](#)".

## AUTHOR

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