

Policy Statement 21: Use of Proton Pump Inhibitors in the treatment of dyspepsia

Date of Issue: August 2000 (Berkshire Priorities Committee)
Ratified and adopted: April 2013

Following the NICE review of the use of Proton Pump Inhibitors (PPI) in the treatment of dyspepsia. The Berkshire Priorities Committee **recommended that the guidance from NICE be followed.**

The key points from the review were:

1. Patients with documented duodenal or gastric ulcers benefit from eradication of *Helicobacter pylori*. Long term acid suppression should not be used.
2. Patients with severe gastro-oesophageal reflux disorder should be treated with a healing dose of PPI until the symptoms have been controlled. **The dose should then be stepped down to the lowest dose that maintains control of symptoms.**
3. The NICE guidance suggests that 70-80% patients with gastro-oesophageal reflux will be controlled on the maintenance dose. (Currently, it is estimated that only 40% prescriptions are for the lower doses)
4. Patients with non-ulcer dyspepsia should not be routinely treated with PPIs
5. Patients with documented NSAID-induced ulcer **who must unavoidably continue** with NSAID therapy should be prescribed an acid suppressor – usually a PPI or misoprostol.
6. In circumstances where it is appropriate to use a PPI and where healing is required, the optimal dose to achieve this should be prescribed initially. Once healing has been achieved, or for conditions where it is not required, the lowest dose of PPI that provides effective symptom relief should be used.
7. The least expensive appropriate PPI should be used.
8. The likely impact of the recommendation is a net saving due to reduced incidence of PPI prescribing.

REFERENCE:

1. Guidance on the Use of Proton Pump Inhibitors in the Treatment of Dyspepsia, Technology Appraisal Guidance No 7, July 2000. NICE.

NOTES:

1. Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.
2. This policy will be reviewed in the light of new evidence or guidance from NICE.
3. Further information on policy statements is available from <http://www.fundingrequests.cscsu.nhs.uk/>