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Editorial

Proton Pump Inhibitors: Are we prescribing them right?

Eduardo Esteban-Zubero [a,*]

[a] *Emergency Department, Hospital San Pedro, Logroño, Spain*

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Proton pump inhibitors (PPIs) are the group of drugs of choice in the treatment of various gastrointestinal pathologies related to acid secretion. The most extensively used PPI is omeprazole, accounting for 80% of the total consumption of antiulcer drugs and 6.2% of the total drug packages dispensed under the National Health System in Spain [1]. Its therapeutic indications are clear, including:

- Gastroesophageal reflux disease (GERD) with and without esophagitis
- In the endoscopic confirmation of peptic ulcer disease
- Non-ulcer dyspepsia
- Barrett's esophagus
- Zollinger Ellison syndrome
- Peptic esophageal stenosis due to scleroderma
- Short treatment of ulcer disease as part of the treatment regimen for *Helicobacter pylori* eradication

* *Corresponding author.*
E-mail address: eezubero@gmail.com
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- Prophylaxis in the use of non-steroidal anti-inflammatory drugs (NSAIDs), especially when an increased risk of dyspepsia or ulceration can be deduced. In the latter case, at least two of the following criteria must be met: patients over 65 years of age, history of peptic ulcer disease, previous serious gastrointestinal complications (gastrointestinal bleeding), concomitant use of steroids or oral anticoagulants, prolonged use of high doses of NSAIDs, presence of comorbidity with cardiovascular, kidney or liver disease, diabetes, and hypertension [2].

However, despite the clarity of the prescription, an inappropriate use of this type of drug is observed in routine clinical practice. Some of the theories that can explain this are the belief in the gastric "protection" of these drugs against any external agent, which sometimes implies significant pressure from the patient or relatives (especially in polymedicated patients). On other occasions, it may be due to ignorance of the physician, which also lasts over time given the difficulty that is sometimes appreciated when withdrawing PPIs [3]. This inappropriate prescription has been seen in case series ranging from 15% to 60% [3-5].

It should be noted that these drugs have a very high safety profile, although they are not free from possible adverse effects. For example, the incidence of headache with lansoprazole is greater than 1%. In addition, by increasing the dose of this drug, diarrhea occurs more frequently. This digestive disturbance has not been observed in other PPIs [6]. In addition, a possible increased risk of hip fracture has been observed [7].

For this reason, adequate adherence to clinical practice guidelines is necessary to prescribe these treatments. Doing so would not only avoid possible adverse effects, but it would also mean significant savings in pharmaceutical costs [8].

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