Established indications for PPI use include peptic ulcer disease (PUD), gastroesophageal reflux disease (GERD), Zollinger-Ellison syndrome, primary prevention of NSAID/anti-platelet therapy-induced ulcers, and eradication of *Helicobacter pylori* infection. Various studies have shown that on average, 57% of general medicine wards patients are inappropriately prescribed anti-secretory therapy, primarily PPIs, during admission, while 50% of primary care patients are on PPIs with a lack of established indication. The long-term use of PPIs for gastroesophageal reflux disease (GERD), Barrett’s esophagus and non-steroidal anti-inflammatory drug (NSAID) bleeding prophylaxis doubled in the U.S. from 1999 to 2012, with follow-up studies indicating that the number of adverse effects doubled during this period. Physicians should regularly reassess the indications for and the efficacy of all prescribed therapies.

### METHODS

- Within our 19 resident cohort, we performed a review of our empaneled patients to assess for active PPI use.
- Using electronic medical records and direct communication with patients, we compiled a list of patients currently using PPIs and the indication for their use.
- Our goal was to determine if the patient had a valid indication for PPI use per ACG, AGA, and ACP guidelines.
- Patients without a valid indication were targeted for intervention.

### INTERVENTION

- We called our empaneled patients to verify the present indication for PPI use to assess if valid.
- Extensive counseling was provided regarding appropriate use of PPIs with tapering of regimen if indication for use was deemed inappropriate.
- For moderate to high dose PPI, the dose was decreased by 50% every week until the lowest dose could be achieved with cessation of the medication thereafter, if possible.
- Alternative therapies such as H2-blockers were discussed and provided as necessary.

### REFERENCES


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