Poster presentations

Education and training

PTU-001

OVERUSE OF PROTON PUMP INHIBITORS AND STRATEGIES TO REDUCE INAPPROPRIATE PRESCRIBING

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Introduction Proton pump inhibitors (PPIs) are widely used but commonly over-prescribed. A range of adverse effects are associated with their use, including susceptibility to C. difficile infection, fractures, pneumonia and electrolyte disturbances.

Methods We investigated the extent and appropriateness of PPI prescribing at a university teaching hospital, and the impact on this of guideline implementation alongside formal teaching of junior doctors. A point-prevalence survey of PPI prescribing for in-patients across medical and surgical specialties was performed. Data collected included PPI prescription, whether this was initiated in hospital or the community, whether an evidenced-based indication was identifiable, and if the prescriber had documented an intended duration for its use. A local guideline was developed in line with current evidence, and national and international guidance. This was circulated to all prescribers by email and the hospital intranet, as well as face-to-face presentation to junior doctors alongside discussion around potential adverse effects. A further point-prevalence survey was undertaken after implementation.

Results A total of 274 patients were included in the first point-prevalence survey, and 264 in the second cycle. Initially, 52.7% of inpatients were prescribed a PPI; of these, 38.1% were commenced in hospital. An appropriate indication was documented in 34.7% and duration in 8.2%. Following introduction of a guideline and a programme of education, the proportion of inpatients receiving PPI therapy fell to 40.8% (p = 0.008), of which 28.4% were started in hospital (p = 0.08), 38.5% had an appropriate indication recorded, and 4.6% the duration.

Conclusion PPI prescribing rates among inpatients are high, and frequently not evidenced-based. There is also lack of consideration given to review of therapy and limiting provision to short courses. A combined approach of a focused guideline and educational strategies can reduce inappropriate over-prescribing, but had restricted impact on the quality of documentation and specification of duration of therapy.

Disclosure of Interest None Declared.