

Prescription problems for vets on reflux drug

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U.S. veterans diagnosed with gastroesophageal reflux disease (GERD) are frequently prescribed doses of proton pump inhibitors (PPIs), such as omeprazole (commonly known by brand names such as Prilosec), that are much higher than recommended — and they are kept on the drug far too long, according to a new Northwestern Medicine® study.

PPIs are among the most widely used drugs in the nation, resulting in more than \$11 billion in annual direct [health care costs](#) in the U.S. PPI overuse has been documented in previous studies, but this is the first study to examine initial prescriptions given to veterans with a new GERD diagnosis.

"We should always have a reevaluation after an initial prescription and ask, 'Does this patient need to be on this medication?'" said Andrew Gawron, M.D., first author of the study and a fellow in the division of gastroenterology and the Center for Healthcare Studies at Northwestern University Feinberg School of Medicine. "[Proton pump inhibitors](#) are provided ubiquitously in medicine, and although they provide relief for many [patients](#), optimal prescribing is important to avoid prolonged, unnecessary use and cost."

Sherri LaVela, research assistant professor at Feinberg's Center for Healthcare Studies and a research health scientist at the Edward Hines, Jr. VA Hospital in Hines, IL, is Gawron's mentor and the senior author of the study, which was published Feb. 16 in the [Journal of General Internal Medicine](#).

The researchers evaluated more than 1,600 Veterans at the Hines VA from 2003 to 2009. Here are the major findings, which highlight the potential problems:

- The majority of patients received more than a three-month initial supply of medication.
- Almost 25 percent of patients were given high total daily dose prescriptions.
- Very few patients who started on high dose therapy had reductions in dosing more than two years after their initial prescription.

It is recommended that PPIs be prescribed at the lowest effective dose for four to eight weeks to treat GERD. If symptoms persist after eight weeks, efforts should be made to evaluate other potential causes of symptoms and alternative approaches to therapy. This approach is a top priority in the "Choosing Wisely" campaign initiated last year by the American Board of Internal Medicine and the American Gastroenterology Association.

"It seems that once these veterans are prescribed a PPI, they are rarely taken off of it," Gawron said. "Two years after their initial prescription, most are still on the drug."

This study highlights the importance of ensuring appropriate use of PPIs in all patients after they are initially prescribed, Gawron said.

Provided by Northwestern University

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