

Heartburn medicine can increase risk of kidney disease

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People who take proton pump inhibitors for stomach acid reflux run a greater risk of chronic kidney disease than those who take H2-receptor antagonists for the same complaint, a new study published in *Gastroenterology* reports.

Proton pump inhibitors (PPIs) are amongst the most widely sold drugs in the world, including Sweden. Last year, almost ten per cent of the Swedish population took them to alleviate heartburn or prevent stomach ulcers. The first [drug](#), Omeprazol, was launched at the end of the 1980s under the name Losec, but today there are numerous similar products on the market. These drugs spare many people the necessity of having to undergo ulcer surgery and as they are also very effective against heartburn they are extremely popular.

Earlier research suggested that PPI's may be associated with an increased risk of kidney disease. For this present study, researchers at Karolinska Institutet compared the risk of kidney damage on taking PPIs with the somewhat less potent H2-receptor antagonists. The observation study was conducted on some 100,000 long-term users of PPIs from Stockholm and just under 10,000 equally long-term users of H2-receptor antagonists.

They found that PPI users had a 26 per cent higher risk of developing [chronic kidney disease](#) compared to those who used H2-receptor antagonists and that there was also a correlation between PPI and acute kidney disease. The risk of [kidney damage](#) also increased with higher

dose taken. The team stresses that the study only indicates a correlation and does not imply causation. However, since millions of people take these drugs every day, a relatively rare adverse reaction can affect a large number of people.

"Doctors need to weigh up the pros and cons much more when prescribing PPIs, and revise periodically the need to continue or not with the treatment" says lead author Juan Jesus Carrero, docent at Karolinska Institutet's Department of Medical Epidemiology and Biostatistics.

"Many people take PPIs for years and without a clear indication. These drugs should not be taken if they're not needed, the dose should be cut to the minimum necessary. The possibility to use a H2-receptor antagonist instead should be also contemplated. There might also be reason for patients on long-term PPI medication to take annual [kidney](#) function tests. We hope that our results will make the public and the prescribing doctors more aware of the risks of this adverse reaction."

More information: Derk C.F. Klatte et al. Association Between Proton Pump Inhibitor Use and Risk of Progression of Chronic Kidney Disease, *Gastroenterology* (2017). [DOI: 10.1053/j.gastro.2017.05.046](https://doi.org/10.1053/j.gastro.2017.05.046)

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