

Stopping My Proton Pump Inhibitor (Stomach Acid Medicine)

This leaflet will help you understand why and how to stop taking your proton pump inhibitor

Patient name: _____

Date: _____

My proton pump inhibitor: _____

What decision has been made in hospital about the use of my medicine?

My medicine has been (please tick box below):

Reduced (with the aim of stopping)

Stopped

Referred to the general practitioner (GP) to review and stop

What are these medicines used for?

Proton pump inhibitors are a group of medicines that reduce stomach acid.

These medicines can be used for conditions including:

- Acid reflux and heartburn.
- Treating and preventing stomach or small intestine ulcers and bleeds.
- Other conditions requiring stomach acid to be lowered.

Proton pump inhibitors are often only needed for 8 to 12 weeks. In some cases, long-term use may be required.

What side effects can you get WHILE TAKING this medicine?

- Headache, nausea and diarrhoea.
- Low magnesium and vitamin B12.

This medicine may increase the risk of you developing:

- Gut infection causing severe diarrhoea (*C. difficile*).
- Lung infection (pneumonia).
- Weak bones (leading to broken bones).
- Kidney disease.

Why is my medicine being reduced or stopped?

Your medicine is being reduced or stopped because the **risks of harmful side effects outweigh the benefits** of taking it at your current dose.

As you age you are at **increased risk of side effects** while taking medicines. This is because changes take place in your body which alter the way you process medicines.

Many people take these medicines for longer than they need. Using these medicines long-term puts you at increased risk of side effects.

How do I stop taking my medicine?

- Your medicine may be **slowly reduced** until you are ready to stop taking it OR it may be **stopped** and you only take it **when needed**.
- Your doctors will advise you on your personal plan to stop your medicine.
- You must see your GP regularly to update the plan.

What should I watch out for when COMING OFF my medicine?

The table below lists possible symptoms of your **original condition that may return** within 12 weeks and what to do if you experience them.

Serious symptoms	What should I do?
<ul style="list-style-type: none">• Blood in poo• Poo that is black or looks like tar• Blood in vomit – this may look red or like coffee grounds• Shortness of breath	<ul style="list-style-type: none">• Call 000 or go to the emergency department
Other symptoms	What should I do?
<ul style="list-style-type: none">• Acid reflux• Heartburn• Stomach pains• Loss of appetite• Weight loss	<ul style="list-style-type: none">• Speak to your GP or pharmacist if these symptoms do not go away or worry you• If symptoms are severe or you are concerned, call 000 or go to the emergency department

What can I do to manage my stomach symptoms?

Lifestyle changes:

- Avoid food or drink that worsens your symptoms, such as fatty or spicy food, alcohol and coffee.
- Eat smaller meals and avoid eating 2-3 hours before bed.
- Avoid tight clothes that press your stomach.
- Raise the head of your bed so your head and chest are higher than your feet.
- If you smoke, try to stop – you can discuss ways to do this with your pharmacist or doctor.

Alternative treatments:

- Speak to your **pharmacist** about other medicines you can buy without a prescription.

What should I do if I continue to feel worse?

If you continue to feel worse, experience ongoing symptoms, or wish to re-start your medicine, please contact your GP.

You may need to re-start your medicine or return to a higher dose. Your doctor may also test you for a treatable stomach infection called *H. pylori*.

What is the plan for my medicine after discharge from hospital?

Please see the table on the back of this information sheet if you are being discharged from hospital on a reducing dose of your medicine.

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To be completed by your hospital doctor or hospital pharmacist.	Completed by: _____	_____ <small>Name</small>
Patient name: _____ Date: _____		
My proton pump inhibitor: _____		

WEEK 1

Day and date:							
Dose:							
Time:							
Tick when taken <input checked="" type="checkbox"/>							

WEEK 2

Day and date:							
Dose:							
Time:							
Tick when taken <input checked="" type="checkbox"/>							

Please see your GP for review in _____ to continue your plan to reduce your medicine.

Additional comments:

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