



# Identifying Inappropriate Prescribing Practices of PPIs in an Inpatient Hospital Setting

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## Introduction

- **15 million** patients per year in the United States are prescribed proton pump inhibitors (PPIs)
- **Appropriate indications:** PUD, GERD, ZES, NSAID or DAPT prophylaxis, stress ulcer prophylaxis
- **Side effects:** B12 deficiency, malabsorption, *C. Difficile* infection, osteoporosis

## Project Aim

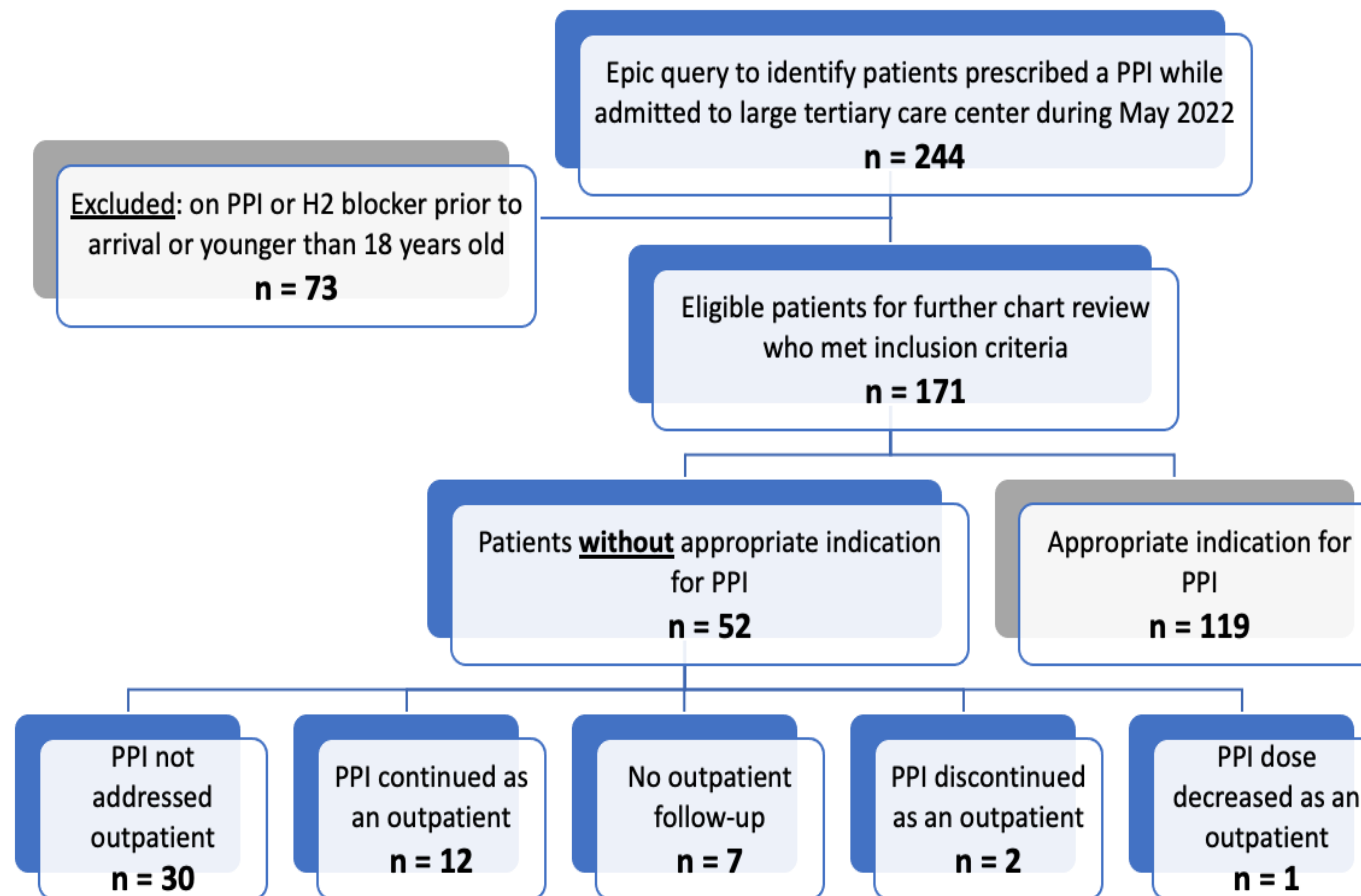
- Evaluate for inappropriate prescription of PPIs during inpatient admissions at a large tertiary referral center
- Identify patterns of discussing PPI therapy as an outpatient after hospital discharge

## Methods and Results

### Methods:

- Epic query and chart review (Figure 1)
- **Inclusion criteria:** started on PPI in May 2022
- **Exclusion criteria:** <18 years old and on PPI or H2 blocker prior to admission

### Results:



**Figure 1:** Flow sheet of data gathered during Epic query and chart review. The most common reasons for inappropriate PPI prescription included iron deficiency anemia without signs of gastrointestinal bleeding, generalized abdominal pain, and lack of documentation for an indication.

## Discussion

- **30%** of patients in May 2022 were started on PPI without an appropriate indication for medication
- **80%** of patients who received PPIs inappropriately had the medication continued as an outpatient, putting them at risk for adverse events
- **Future direction:** provide education and Epic decision-making to prevent over-prescription of PPI

## References

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