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New Jersey Medical School **DEPARTMENT OF MEDICINE**

Introduction

- The AGA (American Gastroenterological Association) recommends long-term acid suppression therapy be titrated to the lowest effective dose needed to achieve therapeutic goals.
- Adverse outcomes have been reported from longterm use of proton pump inhibitors (PPI).
- However, few patients are reassessed on a regular basis to determine whether the PPIs are still needed, despite the fact that many patients who are receiving long-term therapy are able to have their dose modified or discontinued on the basis of the presence or absence of symptoms.

Methods

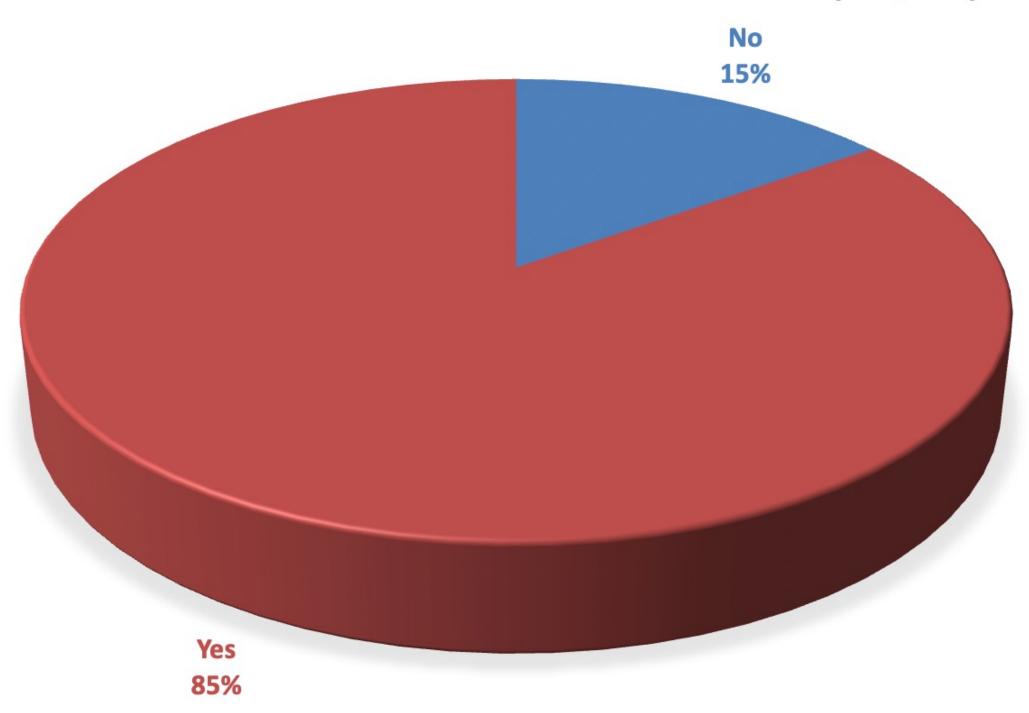
- We performed a retrospective chart review to ascertain the quality of our clinic's pharmacologic practices of the management of gastroesophageal reflux disease (GERD).
- 60 patients between the ages of 40-75 years who are treated for GERD at the Academic Internal Medicine Clinic at University Hospital with PPI in the years of 2019-2020 were selected with random sampling.
- We assessed what percentage of patients chronically treated with PPI had their symptoms reassessed in their visit and had their dose changed appropriately.
- We also studied what percentage of patients had their PPI discontinued if they are no longer symptomatic after treatment.



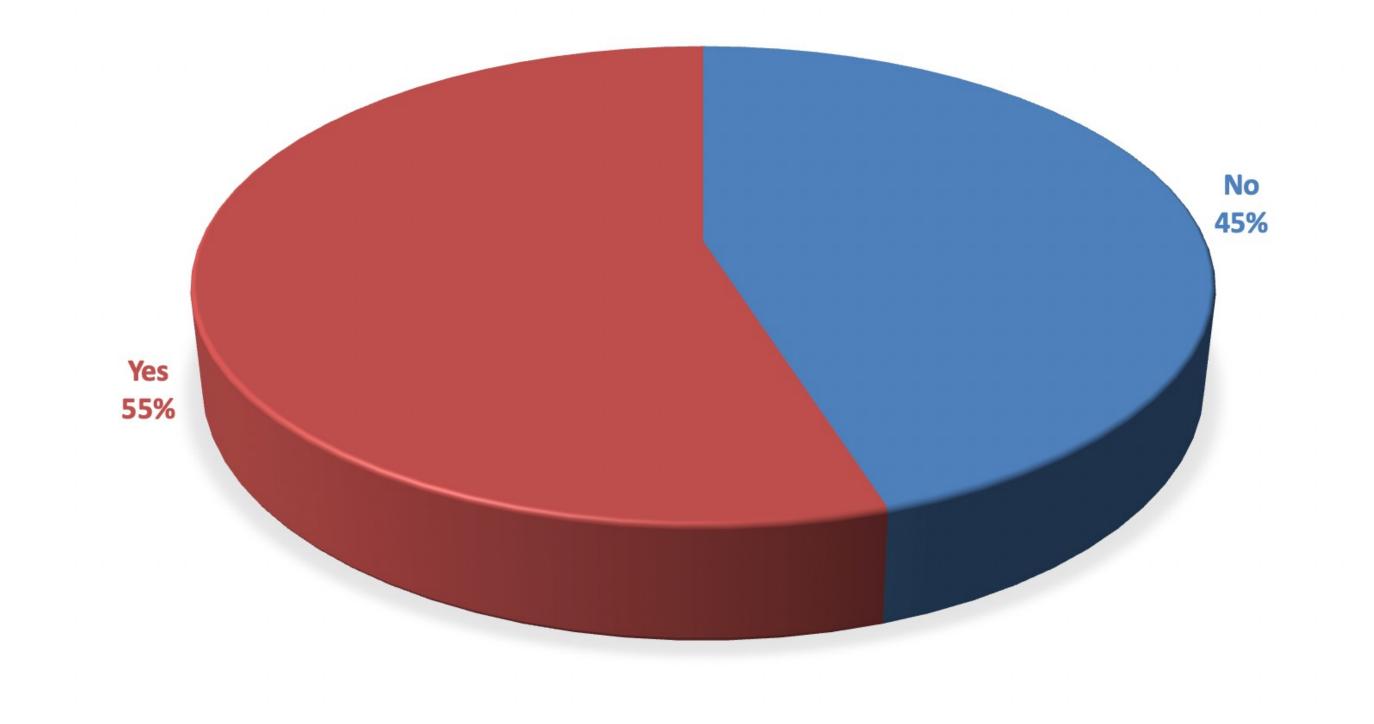
Evaluating the Appropriate Use of Proton Pump Inhibitor in an Internal Medicine Residency Clinic

Daniel Rim¹, Shawn Ahmad Chaustre¹, Christopher Oldaker¹, Suzanne Atkin¹ ¹Department of Medicine, Rutgers New Jersey Medical School, Newark, NJ

WERE SYMPTOMS OF GERD ADDRESSED AT VISIT (YES/NO)?

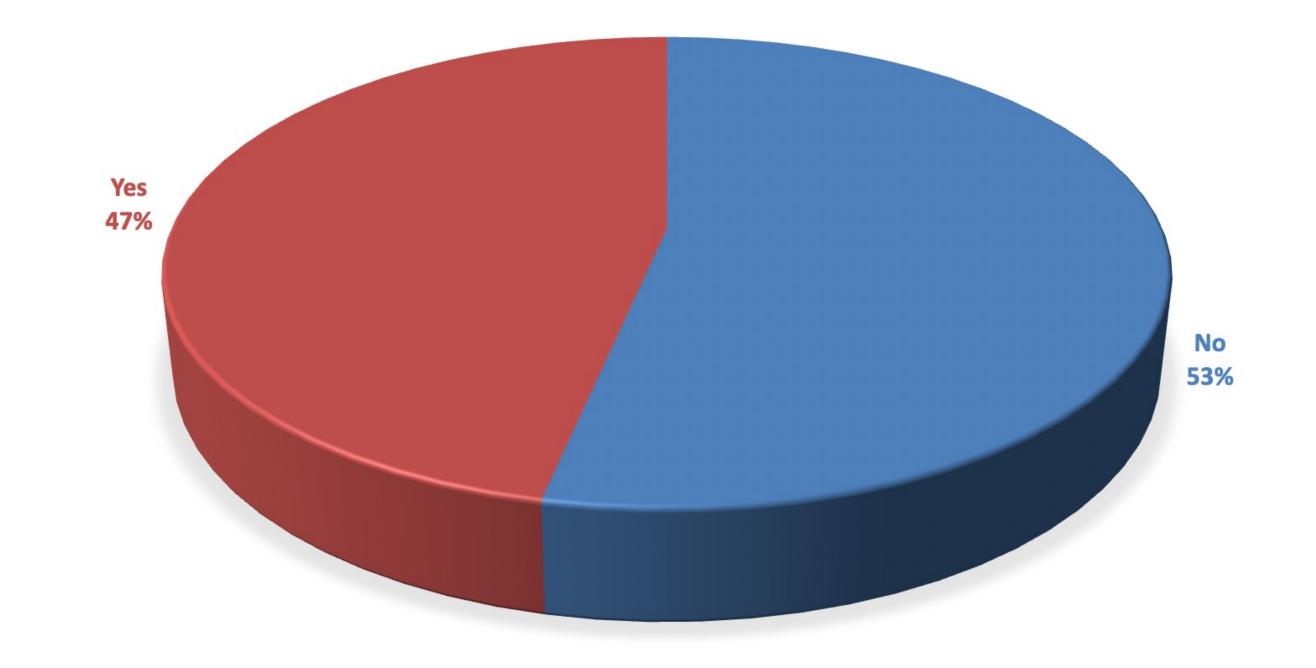


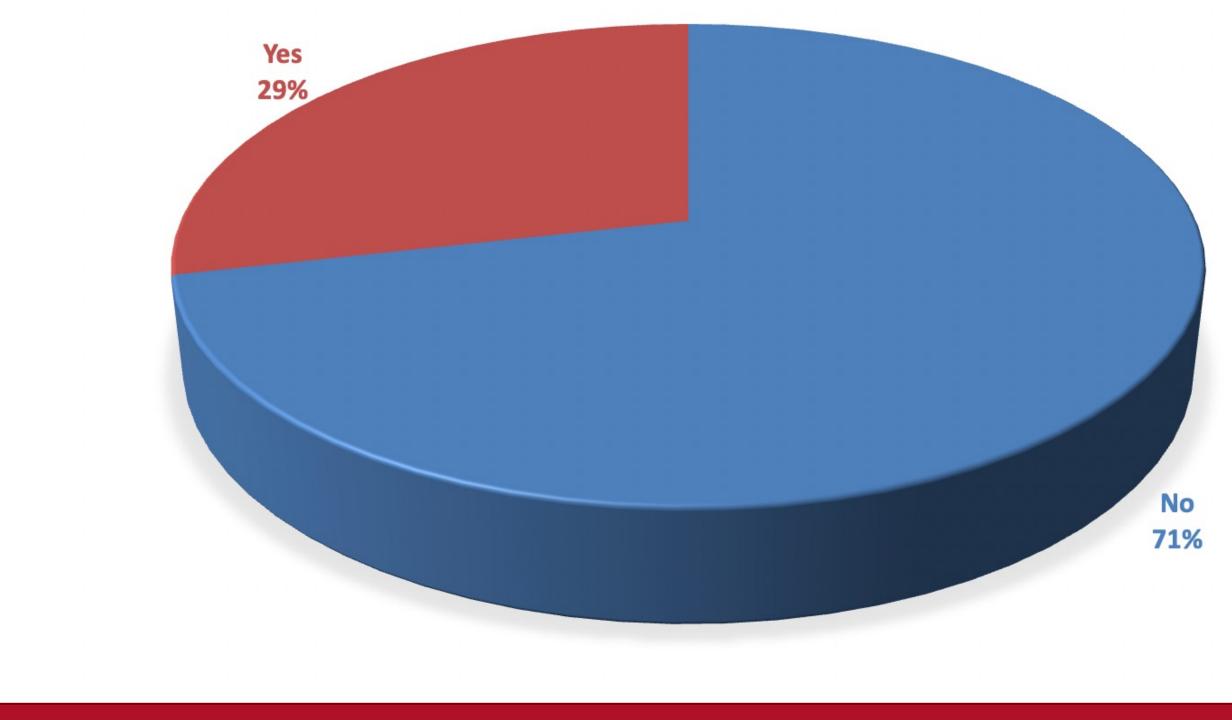
WAS PPI DOSE ADJUSTED ACCORDING TO SYMPTOMS (YES/NO)?



Results

- 51/60 (85%) patients had their GERD symptoms addressed.
- Among 51 patients whose GERD symptoms were addressed, 28 (54.9%) patients had their PPI dose adjusted appropriately.
- GERD symptoms resolved in 28/60 (46.7%) patients.
- PPI was discontinued in 8/28 (28.6%) patients.





Despite addressing GERD on a majority of randomly selected patients on retrospective chart review, our clinic did not appropriately modify or discontinue PPI therapy in a significant portion of our patient population. Future assessment of PPI therapy of GERD should explore quality improvement measures of enhancing PPI management with respect to patient symptoms.

DID SYMPTOMS OF GERD RESOLVE (YES/NO)?

IF SYMPTOMS RESOLVED, WAS PPI DISCONTINUED (YES/NO)?

Conclusion