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Dear Patient

**RISKS ASSOCIATED WITH PROTON PUMP INHIBITORS**

We are constantly reviewing the safety of medications that we prescribe and are contacting you as you are currently taking a proton pump inhibitor (Omeprazole / Lansoprazole / Esomeprazole).

A proton pump inhibitor (PPI) is used to suppress acid production in your stomach and treat symptoms of indigestion and acid reflux. Current evidence suggests that these drugs should be prescribed at the lowest possible dose, for the shortest length of time.

The long term effects of taking these drugs are not yet fully understood. Studies have shown that proton pump inhibitors are associated with small but significant increase in the risk of:

- fractures
- infections
- dementia
- cardiovascular disease

One concern is that the use of proton pump inhibitors can, very occasionally, mask the symptoms of a more serious problem in the gullet or stomach, including cancer. We would therefore recommend that if you have been taking your proton pump inhibitor regularly for more than six months and have not had any acid related symptoms, you should consider reducing or stopping this tablet.

You can do this safely yourself in one of the following ways:

- By stopping it straight away
- By taking your tablet on alternate days for a few weeks and then stopping.
- If you are taking two tablets then you can drop down to one tablet for a month and then follow one of the options above.

In any instance, you could then use it on an 'as needed' basis if you have symptoms intermittently.

**Important:** you might experience a worsening of your indigestion symptoms for 2-4 weeks after stopping or reducing the dose. This is very common. During this time, it might be

helpful to take an over the counter antacid either regularly or as needed. If your symptoms are not settling after four weeks then return to the lowest dose that controls your symptoms. There are a few instances when we would not recommend that you stop your proton pump inhibitor. These would include:

- Barrett's Oesophagus
- If you take other medication regularly that can cause stomach ulcers (eg ibuprofen naproxen)
- Severe oesophagitis
- Zollinger-Ellison Syndrome
- If you have had a bleed in your bowel in the last six months
- If you have been advised not to stop by your GP in the past.

There are some symptoms which are of concern, whether or not you are on this medication. Please see your GP if you have any of the following:

- Difficulty in swallowing
- Pain in the chest or back on swallowing
- Unintentional weight loss
- Feeling full up quickly
- Vomiting fresh blood or old blood (this looks like coffee grounds)
- Passing blood in your stools (blood can turn stools black)
- Coughing when you swallow
- Hoarse voice
- Worsening acid reflux despite being on the same dose of medication

Diet and lifestyle changes can be very effective in improving indigestion symptoms. These may include:

- Giving up smoking
- Reducing the amount of alcohol, coffee or tea you drink
- Avoiding foods which trigger your indigestion (for example, fatty foods or chocolate)
- Eating a balanced, healthy diet
- Losing weight if you are overweight
- Reducing stress in your life
- Raising the head of the bed and having a main meal at least three hours before bedtime

For more information about indigestion, please go to the following web page: <https://patient.info/health/dyspepsia-indigestion>

If you have a clinical concern raised by the above information please arrange a routine telephone consultation with a GP. If you would like support in amending your prescription (e.g. changing the number of tablets or the strength of tablets) then please contact the surgery and ask to speak to the prescribing team.

Many thanks,

The Doctors at Stoke Gifford Medical Centre