



CLINICAL GUIDELINE

Appropriate use of Oral Proton Pump Inhibitors

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

OBJECTIVE AND SCOPE

This guideline is intended for use in both acute and primary care settings to support prescribers in the initiation and review of Proton Pump Inhibitor (PPI) therapy in adults. It includes:

Key Prescribing Messages

Recommended PPI dosing and duration for conditions affecting the:

Oesophagus

Stomach

Pancreas

Duodenum

Ileum / Jejunum

Guidance on PPI therapy for gastroprotection in patients taking:

Non-steroidal anti-inflammatory drugs (NSAIDs)

Antiplatelets

Oral Corticosteroids

INTRODUCTION

PPIs are the second most commonly prescribed drug class in NHS Greater Glasgow and Clyde (NHSGGC), with nearly 1.5 million prescriptions issued annually by primary care alone. While the absolute risk of harm to individual patients from PPI use is low, growing evidence suggests that long-term use is associated with an increased risk of adverse effects. For further information on the potential adverse effects of PPI therapy, refer to the GGC Medicines Update PPI Blog Series:

[General overview of PPIs](#)

[Potential link with *Clostridioides difficile* infection and pneumonia](#)

[Adverse Effects Reported by the MHRA](#)

PPIs: KEY PRESCRIBING MESSAGES

Indication	☑	Prescribe only for clear, evidence-based indications.
Dosing	📍	Use the lowest effective dose to achieve symptom control.
Duration	⌚	Limit therapy to the shortest appropriate duration.
Review	🔄	Periodically review long-term use to reassess ongoing need.
Document	📄	Document clearly in clinical records: indication, duration and review plan. Share this information across care settings, when needed.
Adverse effects	⚠	Be aware of potential long-term risks, including: <i>fractures, Clostridioides difficile</i> infection, nutrient deficiencies.

GUIDELINE

The following tables are designed to assist prescribers in initiating and reviewing the appropriate dose and duration of PPI therapy. A [®] symbol denotes an unlicensed 'off-label' use of PPI treatment (indication or dose falls outside the terms of the UK license). For further details, refer to the [Acute Unlicensed Medicines Policy](#). Key considerations for off-label PPI use include; obtaining informed consent from the patient or carer, clear documentation of clinical rationale and duration, and outlining supply and monitoring arrangements.

OESOPHAGUS				
Indication		Omeprazole	Lansoprazole	Duration
Achalasia [®]	If symptoms of reflux	Refer to GGC Therapeutics Handbook Management of GORD		
Barrett's oesophagus [®]	Chemoprevention	40mg once daily	30mg once daily	long-term
	Patients undergoing endoscopic eradication therapy	40mg twice daily	30mg twice daily	
		Continued until complete squamous re-epithelialisation is confirmed. Thereafter, the dose may be reduced to once daily, subject to specialist advice.		
Gastro-oesophageal reflux disease (GORD)		Refer to GGC Therapeutics Handbook Management of GORD		
Oesophageal stent [®]		40mg once daily	30mg once daily	long-term
Oesophageal stricture [®]	Initially	40mg twice daily	30mg twice daily	6 weeks (or until endoscopic control)
	Followed by	20mg twice daily	15mg twice daily	long-term
Oesophagectomy [®]	Initially	40mg twice daily	30mg twice daily	long-term
	If symptoms controlled , reduce to	20mg twice daily	15mg twice daily	
Reflux oesophagitis	Severe oesophagitis	40mg once daily	30mg once daily	8 weeks
	Refractory to initial treatment [®]	40mg twice daily	30mg twice daily	4 weeks
	Long-term maintenance (if required)	Maximum 40mg daily	Maximum 30mg daily	long-term
Use the lowest effective dose to achieve symptom control.				

STOMACH				
Indication		Omeprazole	Lansoprazole	Duration
Bariatric surgery [®]	Initially	40mg twice daily		review at post-operative clinic
	If symptoms controlled, reduce to	20mg once daily		
		Dispersible formulations should be prescribed for the first 2 weeks post operatively. After this period, switch to capsule formulations, provided the patient can tolerate them.		
Double bypass: gastrojejunostomy and hepatic jejunostomy [®]		40mg twice daily		long-term
Dyspepsia [®]	Un-investigated	Refer to GGC Therapeutics Handbook Management of Dyspepsia		
	Functional	10mg once daily	15mg once daily	4 weeks
Gastrectomy [®]	Partial (Sub-total)	40mg twice daily	30mg twice daily	long-term
	Total	Stop PPI treatment post-operatively		
Gastric Ulcer		Refer to GGC Therapeutics Handbook Management of Gastroduodenal Ulcers		
	Perforated Gastric Ulcer [®]	Dose determined by surgical team post operatively		
	Prevention of relapse (for poorly responsive cases)	20mg once daily		long-term
		High risk cases 40mg once daily		
Hiatus hernia [®]	If lifestyle measures not effective	Refer to GGC Therapeutics Handbook Management of GORD		
Helicobacter pylori eradication		Refer to GGC Therapeutics Handbook Management of Helicobacter Pylori		
Zollinger-Ellison syndrome	Initially	60mg once daily	60mg once daily	long-term (unless surgically treated)
	Dose individually adjusted, tailored to symptom control up to a maximum dose	120mg daily*	180mg daily*	
		*Daily doses above 80 mg of omeprazole or 120 mg of lansoprazole should be administered in two divided doses.		
PANCREAS				
Indication		Omeprazole	Lansoprazole	Duration
Pancreatitis [®]		Treatment may be required. Dose and duration decided on an individual basis, tailored to symptom control		review at hospital clinic
Surgical procedures [®] (Cystogastrostomy, Frey's procedure, Pancreaticoduodenectomy (Whipple's procedure), Pancreaticogastrostomy, Pancreaticojejunostomy, Percutaneous necrosectomy)		40mg twice daily		
Pancreatic cancer [®]		40mg twice daily		
DUODENUM				
Indication		Omeprazole	Lansoprazole	Duration
Duodenal Ulcer		Refer to GGC Therapeutics Handbook Management of Gastroduodenal Ulcers		
	Perforated Duodenal Ulcer [®]	Dose determined by surgical team post-operatively		
	Prevention of relapse (in H.pylori negative patients or if eradication is not possible)	10-20mg once daily	15mg once daily	long-term
		High risk cases 40mg once daily		

