Letters to the Editor

Inappropriate use of proton pump inhibitors, guidelines and clinical research

Key words: Proton pump inhibitors. Prescription. Clinical practice guidelines.

Dear Editor,

We have read with interest the paper by Sanchez-Cuén JA et al. (1) on inadequate indications in the chronic use of proton pump inhibitors (PPIs), as well as the editorial on rationalizing the use of PPIs by Ponce and Esplugues (2).

We performed a retrospective study focusing on the prescription of PPIs and H2 blockers during hospitalization in the Internal Medicine service of the hospital of Villarrobledo (Albacete, Spain) (3). In this study, hospitalization episodes were analyzed for a month, 147 episodes in total. Out of these patients, 118 (80.3%) received PPIs or H2 blockers during hospitalization although, before admission, only 72 patients (49%) were receiving these medications and at discharge they were prescribed to 81 patients (60%). Moreover, PPIs and H2 blockers were not indicated in over half of the patients receiving these drugs during hospitalization. The increase of hospital stay was associated with a greater proportion of patients taking PPIs or H2 blockers.

Even though this fact is confirmed repeatedly in various publications, this high rate of inappropriate prescription keeps repeating. In our study, one of the reasons of this inappropriate prescription is probably the unjustified fear to the appearance of digestive complications among patients admitted to hospital and with prolonged hospitalization caused by other medical condi-

tions. The lack of knowledge of many physicians about the cost this may cause, and about the possible side effects of chronic treatment with these drugs could complete the picture of causes of this phenomenon.

We would also like to do a reflection on the little impact of the recommendations of the clinical practice guidelines among many clinicians. Developing evidence-based clinical practice guidelines is a long process that requires great effort from those involved in their development and from the agencies that promote them. However, the present case is a sign of failure in the dissemination and implementation of clinical practice guidelines in Spain.

Probably, the importance and the habit of assessing clinical actions should be promoted directly from health managers (2), but we think that clinicians should themselves be responsible for carrying them out. This would involve physicians more in streamlining their actions than if this assessment is made by someone else. Conducting clinical studies of the prescription of certain drugs and/or techniques (e.g. the use of urethral catheterization, the use of PPIs or low molecular weight heparin) during hospital stay and at discharge is probably an effective way to know the errors made and also the recommendations of the guidelines and their dissemination. But deep down, this also involves the promotion of clinical research and health outcomes research in public hospitals in consensus with public health authorities at every level. This is another neglected health issue in Spain (4).

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References

1. Sánchez Cuén JA, Irineo Cabrales AB, Bernal Magaña G, Peraza Garay J. Indicaciones inadecuadas en el consumo crónico de inhibi-

- dores de bomba de protones en un hospital de México. Estudio transversal. *Rev Esp Enferm Dig* 2013;105:131-7.
2. Ponce J, Esplugues JV. Rationalizing the use of PPIs: An unresolved matter. *Rev Esp Enferm Dig* 2013;105:121-4.
 3. Marañés Antoñanzas I, Díaz R, Espejo López A, Solís García del Pozo J, Pérez Pinar M, Molina Pacheco E, et al. Uso de los inhibidores de la bomba de protones y los anti-H2 en Medicina interna en un hospital comarcal. *Actas del XXXII Congreso de la Sociedad española de Medicina Interna*. 26-28 de octubre de 2011. Maspalomas (Las Palmas de Gran Canaria). *Rev Clin Esp* 2011. Número extraordinario congreso; 530.
 4. Pons JMV, Rodés J, Andreu A, Arenas J. La olvidada investigación clínica. *Med Clin (Barc)* 2013;140:325-31.