

Letters to the Editor

Deprescribing in older people: helpful tools and proton pump inhibitors

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I read the informative article about deprescribing in older people by Michelle Liacos, Amy Page and Christopher Etherton-Bear.¹ While appreciating their efforts, I wish to make the following observations.

Table 3 of the article lists tools to support deprescribing decisions. Explicit tools like the Beers² and STOPP criteria³ can also be applied to detect inappropriate medications in the elderly and would be a useful addition to the article.


Regarding the section on adverse effects, there are some serious concerns about proton pump inhibitors which are worth mentioning. Elderly patients are especially prone to developing osteoporosis-related fractures.³ Long-term use of proton pump inhibitors (for more than one year) independently increases this risk. Long-term use also increases the risk of vitamin B₁₂ deficiency, hypomagnesemia and fundic gland polyps.⁴

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The authors of the article comment:

 We thank Ajay Shukla for his thoughtful input and elaboration on our article. We agree that there are risks associated with the long-term use of proton pump inhibitors. Along with other drugs, they generally pose the greatest potential for absolute benefit but also carry a risk of adverse effects in older adults.

Tools such as the Beers criteria and STOPP will be familiar to many readers, and we have summarised these previously.¹ In our *Australian Prescriber* article we sought to highlight general tools, and specific deprescribing resources, that readers may access to support practice.

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