

## Proton Pump Inhibitors (PPIs) for Indigestion, Heartburn and Acid Reflux

*Patient information leaflet for adults*

Practice contact details: Skene Medical Group | Tel: 01224 849400 | Website: <https://www.skenemedicalgroup.co.uk/>

Prepared using UK patient information and official guidance.

This leaflet is for adults who have been prescribed a proton pump inhibitor (PPI) for indigestion, heartburn or acid reflux. It explains what a PPI is, side effects to watch for, when to seek medical advice, and how to reduce and stop treatment safely if symptoms are controlled.

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| <b>What is a PPI?</b>                                                          | <ul style="list-style-type: none"><li>• PPIs are medicines that reduce the amount of acid your stomach makes. Examples include omeprazole, lansoprazole, pantoprazole, esomeprazole and rabeprazole.</li><li>• They are often used for indigestion, heartburn or acid reflux and are commonly prescribed for short courses (often 14 days), then reviewed.</li></ul>                                                                                                                                                |
| <b>Why review PPIs?</b>                                                        | <ul style="list-style-type: none"><li>• PPIs work well, but they are often continued for longer than needed. Many people can manage on a lower dose, take them only when needed, or stop them if symptoms have settled.</li><li>• Long-term treatment may be linked with problems such as bowel infection, pneumonia, low magnesium, reduced vitamin B12 and calcium absorption, and possibly fractures in some people. It could also mask the symptoms of gastric cancer and predispose to osteoporosis.</li></ul> |
| <b>When you may be able to reduce or stop</b>                                  | <ul style="list-style-type: none"><li>• You may be able to try reducing or stopping your PPI if your indigestion, heartburn or reflux is well controlled and the PPI was prescribed for these symptoms only.</li><li>• Do not stop suddenly if you have been taking it for more than a few weeks. Some people get rebound acid symptoms for 2 to 4 weeks after reducing or stopping.</li></ul>                                                                                                                      |
| <b>A simple step-down plan if you have been on a PPI for more than 4 weeks</b> | <ul style="list-style-type: none"><li>• If you are on a higher dose, reduce to a lower daily dose for about 2 to 4 weeks.</li><li>• Then try taking it every other day for 2 to 4 weeks.</li><li>• Then try every 3 days, then every 4 days, and stop if symptoms stay controlled.</li><li>• If you get mild symptoms while stepping down, an antacid such as Gaviscon may help. Ask your pharmacist or GP for advice.</li></ul>                                                                                    |
| <b>If your symptoms are controlled</b>                                         | <ul style="list-style-type: none"><li>• Aim for the lowest dose that keeps you well. If you can stop and symptoms do not return, you may not need to restart it.</li><li>• If symptoms come back later, many people can use a short course again or take a PPI only when needed, if this has been agreed with their clinician.</li></ul>                                                                                                                                                                            |
| <b>When not to stop without medical advice</b>                                 | <ul style="list-style-type: none"><li>• Some people need to stay on PPIs, such as those taking it for stomach protection while on an NSAID (such as Naproxen), those with severe oesophagitis, a previous bleeding ulcer, ongoing uncontrolled reflux, under specialist review, or on H. pylori treatment. This leaflet is for people taking PPIs for acid reflux.</li></ul>                                                                                                                                        |
| <b>If you are taking a PPI and not getting better</b>                          | <ul style="list-style-type: none"><li>• Please book a GP review if reflux/heartburn are not better after 2 to 4 weeks, if they are getting worse, or if you keep needing repeated courses.</li></ul>                                                                                                                                                                                                                                                                                                                |
| <b>Common side effects</b>                                                     | <ul style="list-style-type: none"><li>• Headache, tummy pain, feeling sick, diarrhoea, constipation, wind, dizziness and skin rash. These are usually mild.</li></ul>                                                                                                                                                                                                                                                                                                                                               |
| <b>Seek medical advice urgently if you have</b>                                | <ul style="list-style-type: none"><li>• Vomiting blood, or vomit that looks like coffee grounds</li><li>• Black, tarry or dark sticky stools</li><li>• Painful or difficult swallowing</li><li>• Unexplained weight loss</li><li>• Chest pain, especially if it comes on with exercise or spreads to the jaw, neck, shoulder or arm</li><li>• Symptoms that are getting worse rather than better</li></ul>                                                                                                          |
| <b>Lifestyle measures for reflux control</b>                                   | <ul style="list-style-type: none"><li>• Keep to a healthy weight if possible</li><li>• Stop smoking or cut down</li><li>• Avoid foods and drinks that trigger symptoms for you, such as fatty foods, coffee, chocolate, cola, alcohol, spicy foods or acidic drinks</li><li>• Avoid large or late meals and avoid lying down straight after eating</li><li>• Raise the head of the bed if night symptoms are a problem</li></ul>                                                                                    |
| <b>Key message</b>                                                             | <ul style="list-style-type: none"><li>• The shortest required course of treatment is the safest. If your symptoms are controlled, you may be able to reduce and stop your PPI safely.</li></ul>                                                                                                                                                                                                                                                                                                                     |

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|  | <ul style="list-style-type: none"><li>• If symptoms recur, a short course or restarting the lowest effective dose may help. If symptoms are not improving or you develop warning symptoms, please get in touch.</li></ul> |
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## Information sources used

This leaflet was drafted using official UK guidance and NHS patient information. Review before issue and adapt with local practice details as needed.

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10. BSW Together. Proton Pump Inhibitor (PPI) in Adults Guidance. Accessed 13 April 2026. <https://bswtogether.org.uk/medicines/documents/bsw-guidance-for-the-use-of-proton-pump-inhibitors-ppis-in-adults/>