Title: Intravenous Proton Pump Inhibitors (PPIs) for Upper Gastrointestinal Bleeding: Guidelines for Use

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Research question:

What are guidelines for the duration of use of high dose IV PPIs for upper gastrointestinal bleeding prior to oral administration?

Methods:

A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 1, 2008), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI, EuroScan, international HTA agencies, and a focused Internet search. Results include articles published between 2003 and April 2008, and are limited to English language publications only. No filters were applied to limit the retrieval by study type for the main search. However, filters were applied to a general search on proton pump inhibitors of any type and gastrointestinal bleeding to limit the retrieval health technology assessment systematic reviews, meta-analyses, and clinical guidelines. Internet links are provided, where available.

Results:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews and meta-analyses are presented first. These are followed by evidence-based guidelines.

One relevant evidence-based guideline was identified from the literature search results. No health technology assessments, systematic reviews or meta-analyses were identified. Additional articles of interest may be found in the Appendix.
Overall summary of findings:

The United Kingdom National Health Service recommended the use of IV omeprazole for recurrent bleeding after endoscopic treatment of bleeding peptic ulcers. They suggested an initial 80mg IV bolus of omeprazole followed by an infusion of 8mg per hour for 72 hours. Following the initial 72 hour period, 20mg of oral omeprazole is recommended once daily for 8 weeks.

The randomized controlled trial and observational study cited in the Appendix do not discuss duration of use of IV PPIs before administering PPIs orally, but rather compare the oral and intravenous routes of administration. No other information on duration of use of IV PPIs was identified.
References summarized:

Health technology assessments
No literature identified

Systematic reviews and meta-analyses
No literature identified

Guidelines and recommendations

   Note: see Intravenous omeprazole for recurrent bleeding after endoscopic treatment of bleeding peptic ulcers, page 2

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Appendix – Further information:

Randomized controlled trials


Observational studies


Review articles
