

Canadian Agency for
Drugs and Technologies
in Health



Agence canadienne
des médicaments et des
technologies de la santé

OPTIMAL THERAPY REPORT

COMPUS

Selection of Interventions Report

Volume 1, Issue 7
March 2007



Supporting Informed Decisions

À l'appui des décisions éclairées

This report is prepared by the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), a service of the Canadian Agency for Drugs and Technologies in Health (CADTH).

The intent of this report is to identify a variety of interventions that would be best suited to optimizing the prescribing and use of proton pump inhibitors in different settings. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up-to-date, CADTH does not make any guarantee to that effect. The information in this report should not be used as a substitute for the application of clinical judgement in respect of the care of a particular patient or other professional judgement in any decision making process nor is it intended to replace professional medical advice. CADTH is not responsible for any errors or omissions or injury, loss or damage arising from or as a result of the use (or misuse) of any information contained in or implied by the information in this Report.

CADTH takes sole responsibility for the final form and content of this report. The statements, conclusions and views expressed herein do not necessarily represent the view of Health Canada or any Provincial or Territorial Government.

Production of this report is made possible through a financial contribution from Health Canada.

Copyright © 2007 CADTH. This Report may be reproduced for non-commercial purposes only and provided appropriate credit is given to CADTH.

ISSN: 1921-698X

Selection of Interventions Report

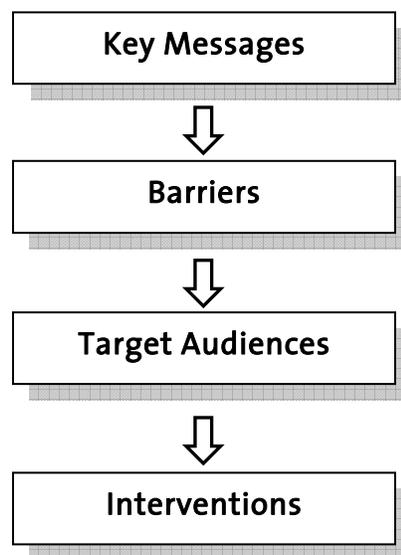
On January 8, 2007, the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) **Selection of Interventions meeting** took place in Ottawa.

The objective of the meeting was to recommend a range of interventions aimed at influencing behaviour, regarding the prescribing and use of Proton Pump Inhibitors (PPIs) that are appropriate for Canadian jurisdictions.

- Interventions selected are based on evidence showing greatest effect and the ability of jurisdictions to implement them.
- Recommendations consider different perspectives, including professional behaviour (i.e. physicians and pharmacists), policy decisions, and patient behaviour.

The capacity of the various jurisdictions to use, deliver, and support the interventions developed by COMPUS was also discussed.

The objectives of the meeting were met through a process where the COMPUS key messages were discussed, followed by the identification and exploration of barriers to the realization of the key messages in practice. Once both the key messages and their barriers were acknowledged, target audiences for various interventions were identified. These efforts culminated in the recommendation of specific interventions to be developed by COMPUS to optimize the prescribing and use of PPIs in Canada.



Key Messages

Before the Selection of Interventions meeting, the most relevant key messages, along with their associated Evidence-based Statements, were revealed through a process that considered:

Gaps in practice

- A Gap Analysis was performed that identified three gaps in the use of PPIs as determined by a review of current practice in the prescribing and use of PPIs in Canada, compared with the Evidence-based Statements.

The strength and support of the evidence

- The COMPUS Expert Review Panel (ERP) identified Evidence-based Statements on the use of PPIs and validated the available evidence underlying the statements.
- The statements were weighted based on the results of consensus voting by the ERP.

COMPUS Advisory Committee (CAC) priorities

- Evidence-based Statements were classified by CAC as to whether or not they were relevant to the CAC.

The participants of the Selection of Interventions meeting discussed the identified key messages and were in general agreement regarding their relevancy and importance. It was noted, however, that other key messages exist as identified by COMPUS in collaboration with the Prescription Information Services of Manitoba (PrISM).

The three key messages considered in the selection of interventions are:

- All PPIs are equally efficacious in the initial treatment of gastroesophageal reflux disease (GERD), dyspepsia, and other common gastrointestinal (GI) conditions.
- Doubling the standard daily doses of PPIs, as initial therapy, is no better than standard daily dose therapy.
- PPIs are not efficacious in treating cough, asthma, or laryngeal symptoms associated with GERD.

Other key messages identified by COMPUS in collaboration with PrISM are:

- Although H₂RA therapy is effective in managing many patients, standard-dose PPIs are superior to H₂RAs in the initial and maintenance management of uninvestigated GERD and erosive esophagitis.
- Alternatives (PPI discontinuation, H₂RAs, on-demand dosing) to long-term regular use of standard-dose PPIs for GERD may be appropriate in selected patients.
- Step-down therapy (H₂RAs, half-dose PPI, on-demand PPI and intermittent PPI) in erosive esophagitis leads to relapse.
- The value of standard-dose PPI in the initial and ongoing management of ENRD is questionable based on available evidence.
- PPIs are preferred in the initial short-term management of uninvestigated dyspepsia, but are no better than H₂RAs for functional dyspepsia.
- For ongoing maintenance treatment of dyspepsia, therapeutic options include no drug, on-demand H₂RA and on-demand PPI.
- Patients with duodenal ulcers do not require continuation of PPI therapy after *H. pylori* eradication.
- Standard-dose PPIs are efficacious in the treatment and prevention of NSAID-associated ulcers.

Barriers

Before considering what interventions may be of use when promoting the key messages, it was recognized that the possible barriers to implementing changes in behaviour related to PPI prescribing and use needed to be identified. Understanding potential barriers allows interventions to be specifically designed and targeted to overcome these barriers. A number of potential barriers were discussed.

Target Audiences

Keeping in mind both the key messages and the potential barriers to behaviour change regarding PPI prescribing and use, the target audiences for different interventions were discussed and identified. The identified target audiences (no order of priority is intended) are:

- Prescribers (general, family practitioners, nurse practitioners)
- Policy decision makers
- Pharmacists
- GI specialists
- Patients

Interventions

Using a comprehensive list of possible evidence-based interventions, participants of the Selection of Interventions meeting discussed the merits and limitations of each intervention and recommended whether or not COMPUS should undertake their development.

It was recommended that COMPUS develop the following interventions to be included in a menu of interventions from which each professional education provider can choose those feasible and applicable to their target population.

Intervention	Details
Physician Education Materials	Laminate summary card or postcard Alternate prescription pad Self audit form Electronic reminders
Physician Education Meetings	Didactic presentation Interactive presentation
Pharmacist Education Meetings	Didactic presentation Interactive presentation
Patient Education Materials	Information brochure Alternate Prescription Pad (as under physician education)
Academic Detailing	Newsletter (2 to 4 pages) Upskilling document
Policy	Document outlining possible interventions and impacts
Evaluation Framework	Qualitative Quantitative
Summary document	