Use of a proton pump inhibitor: Not more not less

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See "Dinçer D, Karancı EU, Akın M, Adanır H. NSAID, antiaggregant and/or anticoagulant-related upper gastrointestinal bleeding: Is there any change in prophylaxis rate after a 10-year period?" on page 505-10.

In this issue of "Turkish Journal of Gastroenterology," an article by Dinçer et al. entitled "NSAID, antiaggregant and/or anticoagulant-related upper gastrointestinal bleeding: Is there any change in prophylaxis rate after a 10-year period?" has been published. Although, it is a retrospective study and has several limitations, such as a low *Helicobacter pylori (H. pylori)* detection rate, the study has focused on an important topic. The authors of this study found that 86% of the patients were in the moderate- or high-risk group for nonsteroidal anti-inflammatory drugs (NSAIDs)-related gastrointestinal (GI) bleeding and that 81% of these patients were not using proton pump inhibitors (PPIs). They also found that NSAIDs, antiaggregants, or anticoagulants were mostly (46%) prescribed by cardiologists. In addition, although several guidelines have been established, debates about the restarting timing of antiaggregants and/or anticoagulants in critical ill patients with cardiovascular diseases still exist. This hot topic should be discussed more in both gastroenterology and cardiology congresses with more prospective data because multidisciplinary decisions are mandatory.

Negligence of prescribing PPIs for patients in the high-risk group for NSAIDs-related GI bleeding is on one hand, whereas the inappropriate use of PPIs is on the other (1-4). A recent review has focused on the latter one, although the authors have concluded that the current evidence is not enough to establish clear causal relationships between the use of PPIs and several proposed complications of PPI therapies (5). The inappropriate dose of PPI is another topic. Ayoub et al. (6) found that once-daily oral PPI dosing at hospital discharge was not associated with inferior outcomes compared with twice-daily oral PPI dosing in patients hospitalized for upper GI bleeding due to peptic ulcer disease. However, this article was from a Western country, and only 14.6% of the patients were found to be positive for *H. pylori*. It is clear that patients should continue to receive PPI therapy in the lowest effective dose if there is a proven indication for the use of PPIs.

In conclusion, negligence of prescribing PPIs in indicated patients and the inappropriate use and dose of PPIs are crucial issues in daily practice of gastroenterologists, and more data on such hot topics are warranted.

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