
eAppendix. Supplemental Appendix.

This supplementary material has been provided by the authors to give readers additional information about their work.
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Part A: Comorbidity Assessment:


Part B: Evidence-based indications for PPI use

The assessors were not blinded as to whether the patient was a case or control but the criteria were equally applied.

The following uses were considered appropriate indications based on our internal consensus during other projects involving PPI use and based on studies that have examined evidenced-based indications for PPI therapy\(^1\)-\(^8\). All other indications were considered “non-evidence based” unless there seemed to be an equivocal or unusual clinical indication in which case the assessors made a decision based on their explicit clinical judgment as to whether they would have continued the medication in everyday clinical practice.

1) Gastric or duodenal ulcer within the past 3 months
2) Pathological hypersecretory conditions
3) Gastro-esophageal reflux disease with exacerbations within the last 3 months not responsive to H2 blockers and non-pharmacologic techniques
4) Erosive esophagitis
5) Recurring symptoms recently associated with severe indigestion within the last 3 months not responsive to H2 blocker or non-pharmacologic techniques
6) Helicobacter pylori eradication
7) Dual antiplatelet therapy
8) Antiplatelet therapy with anticoagulants
9) Antiplatelet or anticoagulant therapy with history of previous complicated ulcer
10) Antiplatelet or NSAID with two of: concomitant systemic corticosteroids, age over 60, previous uncomplicated ulcer, concomitant NSAID or antiplatelet/anticoagulant.

If a patient had a gastrointestinal bleed and was treated at another hospital and this was not included in their medical history admission note, this indication could have been missed. However, this is very unlikely as the health care system almost always routes patients back to the hospital where they have been admitted within the past year.
References


