Karakteristike utilizacije inhibitora protonske crpke u postakutnoj fazi liječenja ishemijske bolesti srca

Characteristics of proton pump inhibitors utilization in postacute phase of ischemic heart disease

Marko Boban*,
Viktor Peršić,
Ante Rotim,
Vesna Pehar-
Pejčinović,
Igor Klarić

Thalassotherapia Opatija –
Klinika za liječenje, rehabilita-
ciju i prevenciju bolesti srca i
krvnih žila, Opatija, Hrvatska

Thalassotherapia Opatija –
Clinic for treatment,
rehabilitation and prevention
of cardiovascular disease,
Opatija, Croatia

KLJUČNE RIJEČI: inhibitor protonske crpke, ishemijska bolest srca, perkutana koronarna intervencija, operacija aortokoronarnog premoštenja.

KEYWORDS: proton pump inhibitors (PPI), ischemic heart disease, coronary artery bypass graft surgery, percutaneous coronary intervention, drug utilization.

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***ADDRESS FOR CORRESPONDENCE:** Thalassotherapia Opatija, M.Tita 188/1, HR-51410 Opatija, Croatia.

Phone: +385-51-202-600 / E-mail: marcoboban@yahoo.com

CILJ: inhibitori protonske crpke (IPC) pripadaju među najčešće primjenjivane grupe lijekova. Ipak, rutinsko propisivanje i trajanje liječenja u kliničkoj praksi često ne ispunjavaju registrirane terapijske indikacije ili smjernice utemeljene na dokazima. Cilj našeg istraživanja bio je analizirati korištenje IPC u bolesnika hospitaliziranih zbog provođenja kardiovaskularne rehabilitacije u postakutnoj fazi liječenja ishemijske bolesti srca. Drugo, utilizacija IPC je analizirana u vezi s vrstama ranijih kardiovaskularnih liječenja i kliničke dijagnostike.

PACIJENTI I METODE: primjenjivana je analiza utilizacije kronične terapije, a bolesnici su bili podijeljeni u skupine na temelju ranijih kardiovaskularnih liječenja i primjene inhibitora protonske crpke.

REZULTATI: analizirano je 200 uzastopnih bolesnika. Više od polovice, njih 107 (53,5%) je i dalje koristio IPC; unatoč relativno niske prevalencije stanja koja bi mogla biti nezaobilazne indikacije. Utilizacija IPC bila je značajno veća u bolesnika nakon operacije i u podudarnosti s uporabom varfarina. Potrošnja je pokazala značajne korelacije s dobi bolesnika, povijesti nevoljnog gubitka tjelesne težine i nutritivnog rizika (NRS-20002). Dugotrajna terapija IPC uzrokovala je pad u eritrocitnim indeksima, koji dijelom odgovara malapsorpciji željeza i vitamina B. Utjecaj IPC na trombocite je bio diskordantan, odnosno povezan s modalitetima kardiovaskularnih liječenja; povećanje broja trombocita zabilježeno je nakon operacija ($CC = 0,321$, $p < 0,001$), dok je dinamika bila suprotna u bolesnika s perkutanom koronarnom intervencijom ($CC = -0,205$, $p = 0,002$) ili konzervativnim liječenjem ($CC = 0,175$, $p > 0,05$).

ZAKLJUČAK: Opažen je nezanemarivo povećan postotak utilizacije IPC kod bolesnika koji počinju kardiovaskularnu rehabilitaciju zbog ishemijske bolesti srca, unatoč značajnom rasponu potencijala neželjenih nuspojava i povećanju ukupnih troškova liječenja.

AIM: Proton pump inhibitors (PPI) are among the most commonly used group of drugs. Nonetheless, prescription routine and duration of treatment in clinical practice often do not meet registered therapeutic indications or evidence-based guidelines. Aim of our study was to analyze drug utilization of PPI in patients scheduled for cardiovascular rehabilitation in the postacute phase of ischemic heart disease treatment. Secondly, PPI utilization was studied in connection with types of previous cardiovascular treatments and clinical diagnostics.

PATIENTS AND METHODS: Drug utilization analysis was performed on chronic therapy and patients were divided in groups based on previous cardiovascular treatments and use of proton pump inhibitors.

RESULTS: Two hundred consecutive patients were included. Over half of them, 107 (53.5%) still used the PPI; despite the relatively low prevalence of conditions that might stand as unavoidable prescribing indications. Utilization of PPI was significantly greater in post-surgical patients and was concordant with use of warfarin. Consumption correlated with the age of patient, documented percentage weight loss history and nutritional risk screen (NRS-20002). Prolonged PPI therapy caused decrease in erythrocytes counts and indexes, corresponding with malabsorption of iron and vitamin-B. Effect of PPI on platelets counts was divergent and connected with cardiovascular treatments; increasing counts of platelets subsequent to surgery ($cc = 0.321$; $p < 0.001$), whilst dynamics were reversal in patients with percutaneous coronary interventions ($cc = -0.205$; $p = 0.002$) or conservative treatments ($cc = 0.175$; $p > 0.05$).

CONCLUSION: In conclusion, particularly increased proportion of PPI utilization was found in patients commencing cardiovascular rehabilitation due to ischemic heart disease, despite the conspicuous potential for adverse side effects and increasing costs.

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