Abstract

The use of stress ulcer prophylaxis is not typically recommended for general, non-critically ill patients and should not be a routine practice. However, it has been identified as a common area of inappropriate prescribing that could have significant impacts on patient care and wellness through adverse drug events and development of comorbidities. One study suggested that about 96.4% of patients receiving stress ulcer prophylaxis were not indicated to do so. The purpose of our study was to analyze non-critically ill patients receiving therapy for stress ulcer prophylaxis and assess whether these therapies were appropriate based on presence of relevant risk factors. This study identified a small cohort of non-ICU patients who received acid suppression therapy for stress ulcer prophylaxis and evaluated if each patient had relevant risk factors via retrospective chart review. Risk factors were categorized as either major or minor with different associated risk score values. Appropriateness of therapy was determined based on how many of each type of risk factor a patient possessed, if any. In this sample of 65 patients, 46.2% received therapy inappropriately and 53.8% received therapy appropriately. Of those identified as appropriate, only 25.7% met criteria with major risk factors. The rest exhibited only multiple minor risk factors. The high number of inappropriately prescribed patients is concerning, but the high incidence of appropriate prescribing raises questions as well. It is hypothesized that this could be due to the criteria necessary for therapy to be considered appropriate being too easily achieved. Nonetheless, this study indicated that further investigation is warranted regarding stewardship of stress ulcer prophylaxis prescribing in non-critically ill patients.

References
