lots of observational studies done in outpatient or inpatient population as well as in the ICU. The most recent was a retrospective study with more than 30,000 patients from the United States that looked at these specific questions: “Do PPIs increase the risk of CDI compared to H₂-blockers?” and they found that there is doubling of the risk of CDI in patients who receive PPIs. Again, low quality of data, the treatment effect was small, and the risk increase was minimal.

In absolute terms?

Yes. Whether to believe these data or whether this is going to change the practice, we are still discussing this in the Surviving Sepsis group. In my own belief, I would still use PPIs because we have high certainty that it does work and it does reduce the risk of bleeding. Until we have a strong evidence showing harm of PPIs, I would not abandon the use of PPIs. I think we still need well-done or larger studies looking at this specific question in order for us to change practice.

You mentioned risk factors in terms of coagulopathy. Could you tell us more specifically what it means?

I am referring to the study published by Dr. Cook years ago, and they looked at specifically the international normalized ratio (INR) levels and thrombocytopenia: thrombocytopenia less than 50,000 or an INR level more than 1.5, basically.

Dr. Alhazzani, if I hear you correctly, you would still use the GI prophylaxis or PPI prophylaxis in people who have either coagulopathy or have respiratory failure who are septic. Does the fact that some of them are fed or not fed influence your choice?

That is a very important question. The impact of enteral feeding as a prophylactic agent or intervention in patients who are in the ICU has been shown in few observational studies. The only RCT I am aware of was done in the burn population and was a small-sized RCT looking basically at...
feeding plus arginine. There were few before and after studies looking at enteral feeding and the effect on stress ulcer prophylaxis. We do have some low quality of evidence suggesting that it might contribute to the lower incidence of bleeding that we see nowadays compared to years ago, when patients were not fed enterally earlier in the ICU. So we did notice that the incidence of bleeding has come down significantly over the last 20 to 30 years.

Coming back to your question, I do not think we have data enough to answer your question directly, but I would still use PPIs in patients, especially high-risk patients, regardless of the fact whether they receive enteral feeding or not.

Thank you. Very useful! Thank you very much, Dr. Alhazzani.

Thank you. My pleasure.

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REFERENCES