

ABSTRACT

Prescription practices for stress ulcer prophylaxis differ greatly, and institutions may need to consult published literature or use existing guidelines to develop their own guidelines.

INTRODUCTION

Introduction The primary purpose of this study was to determine the effect of stress ulcer prophylaxis on the development of ulcers in patients with irritable bowel syndrome.

Methods:

A total of 70 patients with ulcers were included in this study. Two (10%) of these patients had ulcers in the past year. The ulcers were divided into two groups: (i) those with mild to moderate stress ulcers, and (ii) those with severe to severe stress ulcers.

Results:

The mean age of the patients was 49 years (range, 42–55). Mean age at the time of assessment was 57.5 years (range, 38–69 years). The mean age of the patients with severe to severe stress ulcers was 70 years (range, 40–84 years). To address controversies in this area due to previous research on anti-stress prophylaxis, Cook et al conducted a meta-analysis of available studies and found that although there was no clear agent for prognosis based on efficacy (i.e. ability to prevent clinically important bleeding) and sucralfate may have some adverse effects (I.E., lower incidence of pneumonia) as compared to histamine-blocking drugs; however, the largest randomised controlled trial reported within 2 years about 3 years The Section of Pharmacy and Pharmacology of the Society of Critical Care Medicine conducted a survey to determine prescribing practices in the critical care area, sent by mail to Section members who are well-versed in medications used in this area. The purpose of this survey was to assess institutional evaluations of stress ulcer prophylaxis, as well as to provide clinicians with information on how their prescribing and evaluation practices differ from those of practitioners in other institutions. Furthermore, the results of these surveys may reveal institutional practices that are inconsistent with the literature.

CONCLUSION

Prescription practices regarding stress ulcer prophylaxis differ widely, although generally most ICU patients are given the anti-surgery agent; histamine-2-antagonists, sucralfate, and proton pump inhibitors—but histaminally significant as the most commonly used agent among surveyed institutions: both published literature and available guidelines should be used as a template for institutions to develop their own guidelines.