URL: <http://patient.info/forums/discuss/my-omeprazole-experience-479810>

You're right about millions of people taking this drug and it has been in constant use for 30 years now. It is one of the safest drugs around.

It has become fashionable for people to blame everything on the drug.

The main problems are with induced hypochlorhydria - too little stomach acid because the drugs are too good at their job!

This has been highlighted in recent years because of overuse and abuse by self medicators - mainly in USA where these powerful Proton Pump Inhibitors have been available over the counter too easily and users have not followed correct usage protocols nor been monitored by a physician. This led to the FDA issuing health warnings against the possible consequences of their overuse.

You are far more likely to read reports posted from the relatively few who do have prolems than the thousands for whom these drugs are a life-saver.

Hypochlorhydria results in malabsorption of essential minerals and a reduction in protection against bacterial infection.

The standard guidance is for patients to be managed on lowest effective dose with regular review.

20mg omeprazole is the normal low maintenance dose that is unlikely to result in hypochlorhydria. I was on 80mg omeprazole for a few years before becoming anaemic from them. (Having had a fundoplication, I am now meds free.)

The most common side effects of the drugs themselves are headaches, diarrhoea, constipation, flatulence, abdominal pains and nausea. Anxiety is not a common side effect of PPIs.

No drugs are perfect but PPIs are probab;y saving a number of lives right now. Of course it can never be possible to prove they may have a chemo-protective effect but there have been enough research papers published to suggest it.

In defence of PPIs - because they so often get a bad press.

PPIs are amongst the safest of drugs used by millions around the world for 25 years. But they must be used correctly and monitored by a doctor.

The advice is the lowest effective dose for the shortest requisite time.

For acid hyper-secretion alone or to permit the healing of a gastric ulcer, a course of two or three weeks may be sufficient. In America, they have been available over the counter for many years and been misused. Let's face it, how many of us read the small print on the instruction sheet inside a box of tablets?

When acid reflux sufferers have found their Tums insufficient, they may have thought the Nexium on the shelf that was being advertised on television may be better and take them in the same

URL: <http://patient.info/forums/discuss/in-defence-of-ppis-489370>

way as they did for their Tums. But PPIs are not instant acting antacids: they need to be taken pre-emptively at the same time each day (half an hour before breakfast is best).

Not finding them as good as they thought (because they're attempting to use them as on-demand antacids like Tums), some may have been tempted to increase the dose.

Research has shown that those most at risk of "side effects" are self-medicators. And why should they pay to see a doctor just because they hve found they need to keep taking them for longer than a few weeks?

"Side effects" of PPIs are mainly from induced hypochlorhydria (low stomach acid) because they are too go at their job.

This means essential minerals aren't leeched in sufficient quantity from foodstuffs and low levels of iron, magnesium, calcium etc are absorbed. This can result in anaemia and osteoporosis etc. Stomach acid also helps kill off bad bacteria so PPIs get blamed for infections like C-Difficile.

In order to counteract the over-usage in America, the FDA had to issue warnings about using PPIs thus propagating the fears that the drugs are harmful.

Add to that other scare stories occasioned by the tabloid press not understanding the inplications of research studies and you get headlines like: "Your antacids cause heart attacks!" The research paper actually showed a correlation of data between the number of people with myocardial infarction and users of acid suppressants - which isn't actually surprising since the symptoms can be so similar. (My father died of a heart attack when I was a boy. He'd had acid reflux all his life and thought it was indigestion again.) Correlation does not equal causation.

Other research has shown there may well be a chemo-protective effect from continuing PPIs which is why those of use with Barrett's are recommended to remain on them. (Of course it's impossible to prove such an effect and again figures may be just correlation rather than causation.)

But not everyone wishes to remain on PPIs all their lives and, although they may be good at reducing acid, they may do little to stop reflux. (For me, reflux was the worse problem so I opted for a fundoplication operation instead which fixed my hiatus hernia and incidentally meant I no longer needed to take the PPIs which had made me severely anaemic.)

Right, Let's try and unravel a few myths.

Firstly. When taking omeprazole, you noticed a recuction in "that burning feeling". You don't need to have been diagnosed with GERD to realise the symptoms you were experiencing were due to acid hypersecretion which was proved when the acid suppressant worked. So why do you want to stop taking it? Because of some misreported scare stories?

URL: <http://patient.info/forums/discuss/i-am-trying-again-to-stop-omeprazole-498139>

The recently published study "Proton Pump Inhibitor Use and the Risk of Chronic Kidney Disease" was conducted with atherosclerosis patiens and a correlation was found between PPI usage and CKD. It was not a proof of causality. Indeed, the conclusions of the report recommended "Future research should evaluate whether limiting PPI use reduces the incidence of CKD."

(There have been similar scare stories which are equally unfounded.)

You haven't indicated what dose omeprazole you are on. 20mg is the standard maintenance dose whilst some patinets require 40mg daily. If you are taking too high a dose over too long a period, they may induce hypochlorhydria which can result in malabsorption of essential minerals - including calcium. You may need to get a prescription for calcium citrate to counteract any possible bone density loss.

If you;ve been taking the tablets for 10 years, it's unlikely they'll have started producing extra side effects in you now so your weight gain, palpitations, anxiety and UTI are unlikely to be due to the omeprazole.

Next, diet.

Have you determined that chocolate, tomatoes and tea are actually trigger foods pertinent to you? If you try a few days off them and then a few days on these foods, do you notice a difference? Keep a food diary to ascertain what your particular trigger foods are.

Now cider vinegar. What do you think it will do? It is a weak acid. The stomach has a reservoir of much stronger acid. No research has found any evidence that cider vinegar does anything to reduce the acid you are refluxing.

Frequent reflux of acid and bile can cause permanent damage to your oesophagus that can mutate to cancer. PPIs like omeprazole have been shown to have a protective effect against developing that cancer.

My considered advice would be to remain on the drugs which you have proved to have worked.

Hi Mike,

If you are producng too much acid for whatever reason you need to reduce it. There are "natural remedies" which can help soothe or tackle acid once it has been produced but they do not tackle the root cause.

Excess acid comes from the stomach producing too many parietal cells in response to Histamine H2 signals. H2 receptor antagonists (like Zantac (ranitidine)) attempt to intercept some of thos signals. However, Proton Pump Inhibitors (such as omeprazole) stop the production of too many of these cells and are by far the best way of dealing with acid hypersecretion. There are many different PPIs available but research has shown they are all as effective as ecah other when taken in equivalent dose. The cheapest generic omeprazole is as good as the most expensive Dexilant (though some patients tolerate one more than another. On the www BarrettsWessex org uk website, you'll find a table of the different PPIs with equivalent doses and costs. (US costs at the very bottom of the page may be a few years out of date but give a comparison). Find the drugs page from the drop down menu under the Treatments tab.

Don't be worried about the scare stories. I have read all the research about the "side effects" of PPIs. They are all blown out of proportion by the sensationalist media who don't understand the difference between correlation and causality. For instance the latest paper linking PPIs and kidney disease says, "patients taking PPIs were more likely to experience declining kidney function". It could have just as easily said, "patients experiencing declining kidney function are more likely to take PPIs". The paper does *not*provide evidence that PPIs actually cause kidney disease.

Read about this and the other scare stories on the Barrett's Wessex website by finding the page "PPI dangers" either using the search function or you can find it linked to on the page previously mentioned or find it on the left hand navigation panel under "Drugs" under "Treatment".

("Prilosec" is the brand name for the drug originally introduced in the 1980's by Astra Zeneca. Its generic name is omeprazole. When it was going out of patent, AZ refined it to produce esomeprazole (Nexium) which they have claimed is better (though research (apart from that sponsored by AZ) disagrees. ) Now Nexium is out of guarantee, generic esomeprazole is becoming available. )

PPIs have been in for a bad press and I have seen some lawyers in US are hoping to make money from unwitting patients attempting to sue the drugs companies. They will probably be unsuccessful - research has shown that most "problems" that can be attributed to PPIs are from misuse and more prevalent amongst self-medicators.

The media haven't picked up on the other research which shows PPIs probably reduce the risks of developing oesophageal cancer.

URL: <http://patient.info/forums/discuss/stomach-acid-508567>

Although the demographic says the highest risk factor is overweight, white, middle aged men, I know a number of women with Barrett's.

I am chairman of the largest patient support group for those with Barrett's. A quick search of our members' records reveals 41.4% are female.

As to age, I know of a girl who was 8 when she was diagnosed with Barrett's (and had a fundoplication) and in the papers recently was the story of a young woman who was 19 when she was diagnosed with oesophageal cancer.

As to whether to stay on PPIs or have a fundoplication, your choice will depend on many things. Your Barrett's was caused by a combination of acid, bile and reflux. If your problems are mainly acid, you may be better staying on them. However, if your problems are mainly reflux (which may be non-acidic) you may be better having the operation.

As a help, NICE have produced an Option Guide discussing the pros and cons of the two alteratives.

<https://sites.google.com/site/barrettswessex/treatment/guidelines>

<http://patient.info/forums/discuss/barrett-s-esophagus-426128>

There are many things that can cause excess stomach acid and reflux of the same.

Barrett's is caused by reflux of acid and bile. We must try to reduce or eliminate at least one of the three elements to reduce the possibility of Barrett's froming or progressing.

Barrett's itself actually has no symptoms and the columnar cells are less sensitive.

10mg Losec (omeprazole) is extremely low. The normal maintenance dose is 20mg. But the advice is to take the minimum effective dose, so well done.

Personally I had to be on 80mg omeprazole daily for a few years before I had a fundoplication operation.

url: <http://patient.info/forums/discuss/i-was-diagnosed-with-barretts-10-years-ago-and-have-take--8274>

12 cm is actually quite a long segment.

The size is usually recorded according to the Prague classification c*x*m*y*where x and y are measurements in cms of the circumferential ring of the massof it and the maximum length of any tongues.

Most Barrett's segments are around the 3 cm mark though one patient I met has/had 20cm.

According to the Seattle protocol, 4 biospies should be taken quadrantically every centimetre so you should have had more han 5 over such a length.

<http://patient.info/forums/discuss/endoscopy-498266>

Enterochromaffin-Like Cells (ECL) are found in the top (fundus) of the stomach and secrete histamine in resonse to gastrin stimulation to trigger the production of aicd by the parietal cells.

I don't know of metaplasia affecting these cells but I am not an expert on gastric cancers.

Overuse of PPIs can result in a proliferation of these cells ( = induced hypergastrinaemia) .

<http://patient.info/forums/discuss/any-harm-in-long-term-ppi--558214?page=0#2512918>

If you can control you reflux and acid hyper-secretion by dietary and lifestyle changes that's fine.

However, don't rush to ditch the lansoprazole and do discuss this with your doctor.

You are not prescribed these drugs for no reason. Although there are many scare stories constantly over-hyped by the popular media who love to exaggerate for sensationalism, these drugs probably do more good than harm. There have been a number of research papers that show they are probably effective in reducing riks of developing oesophageal cancer.

<http://patient.info/forums/discuss/thinking-of-coming-of-lansoprazole-has-anyone-done-this-and-experienced-side-effects--498706>