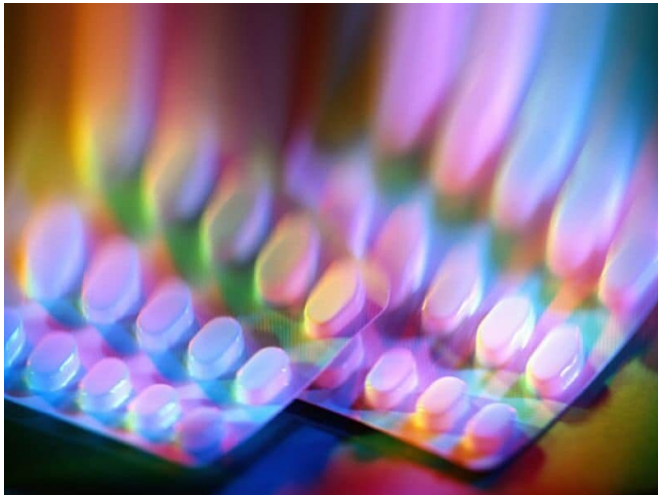


# Excess cause-specific mortality tied to chronic proton pump inhibitor use

31 May 2019



diseases, neoplasms, and genitourinary system diseases. In analyses of subcauses of death, PPIs were associated with excess mortality due to cardiovascular disease and [chronic kidney disease](#) (15.48 and 4.19, respectively). Taking PPIs was associated with an excess mortality risk due to [cardiovascular disease](#), chronic kidney disease, and upper gastrointestinal cancer (22.91, 4.74, and 3.12, respectively) among patients with no indication for acid suppression drugs.

"The findings have public health implications and underscore the important message that PPIs should be used only when medically indicated and for the minimum duration necessary," the authors write.

**More information:** [Abstract/Full Text](#)

(HealthDay)—Taking proton pump inhibitors (PPIs) is associated with an excess of cause-specific mortality, according to a study published online May 30 in *The BMJ*.

Yan Xie, M.P.H., from St. Louis Health Care System, and colleagues conducted a longitudinal observational cohort study to estimate all-cause mortality and cause-specific mortality among patients taking PPIs. Data were included for 157,625 new users of PPIs and 56,842 new users of H2 blockers.

The researchers identified an excess of 45.20 deaths per 1,000 patients taking PPIs. Circulatory system diseases, neoplasms, infectious and [parasitic diseases](#), and genitourinary system diseases correlated with taking PPIs (17.47, 12.94, 4.20, and 6.25 attributable deaths, respectively, per 1,000 patients taking PPIs). A graded relationship was identified between cumulative duration of PPI exposure and risk for all-cause mortality and death due to circulatory system

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