

A caution on misunderstanding guidelines

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Sir,

I would like to commend Azzopardi et al on their project looking at cardiac surgery patients (<https://doi.org/10.12968/hmed.2021.0339>). Their intervention of pre-printed treatment charts was associated with sustained increases in rates of prescription of omeprazole postoperatively.

However, I take issue with their rationale. They state: ‘The prophylactic use of proton pump inhibitors in all post-cardiac surgery patients is a class IIa recommendation in the European Association of Cardio-Thoracic Surgery guidelines’ (Sousa-Uva et al, 2018). This line represents either a misunderstanding or misrepresentation of the guidelines referenced. The actual wording used in the guideline is: ‘The prophylactic use of a PPI [proton pump inhibitor] for patients undergoing cardiac surgery should be considered to reduce gastric complications’. Rather than blanket prescribing proton pump inhibitor for all of these patients, the guideline recommends ‘consideration’ because of concerns regarding a potential increased risk of pneumonia (Eom et al, 2011). This association with pneumonia is disputed; until further research can provide clarity, clinicians should exercise their clinical acumen in making this decision (Othman et al, 2016).

The authors state that their finding that not all patients were prescribed a proton pump inhibitor demonstrates room for improvement. However, the findings may simply demonstrate clinicians using their clinical acumen to guide their decisions. It would have been useful to know the reasoning behind why ‘consultant C’ had such a markedly lower rate of prescribing proton pump inhibitors than the other two consultants included in the project.

Overall, I would argue that the authors’ aim of ensuring all patients are prescribed proton pump inhibitors postoperatively is neither adherent to the guideline in question nor desirable in the context of a potential increased risk of pneumonia.

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