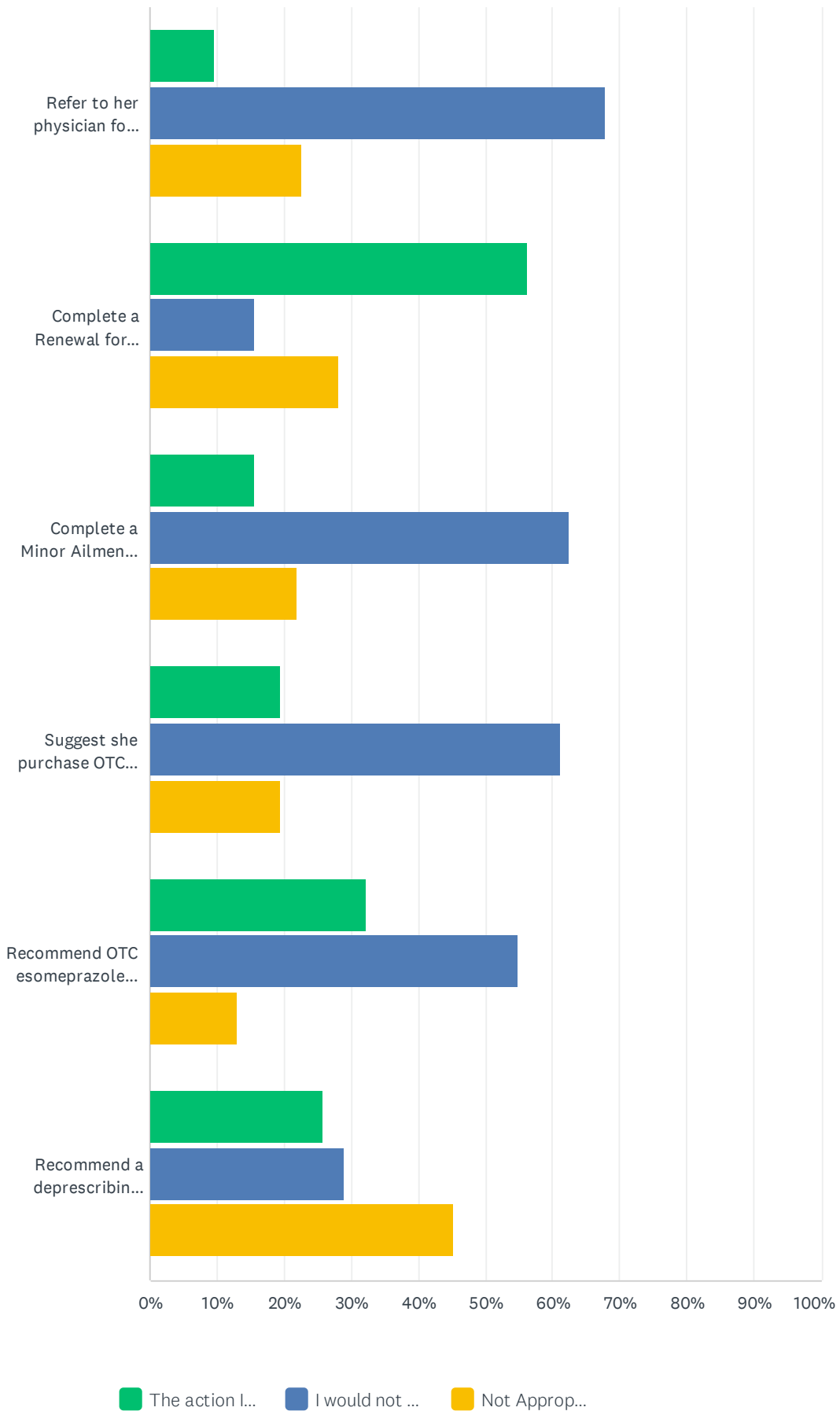


Q1 TW is a 42 yo female with mild symptoms of heartburn daily for the past 4 days. She experienced the symptoms 2 months ago and went to her doctor. He suspected mild GERD and prescribed rabeprazole 20 mg once daily for 2 months. It controlled her symptoms with no adverse effects. She does not have nocturnal symptoms or regurgitation. She ran out 6 days ago and her symptoms returned. She reports no vomiting, dysphagia, signs of blood loss, weight loss or pain when swallowing. She has no other significant medical history. How should a pharmacist respond?

Answered: 33 Skipped: 0

Panel of Peers Survey - February 18, 2022



Panel of Peers Survey - February 18, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Refer to her physician for further assessment.	9.68% 3	67.74% 21	22.58% 7	31
Complete a Renewal for another 2 months.	56.25% 18	15.63% 5	28.13% 9	32
Complete a Minor Ailments assessment for GERD and prescribe a longer supply.	15.63% 5	62.50% 20	21.88% 7	32
Suggest she purchase OTC famotidine or antacids and refer to her physician.	19.35% 6	61.29% 19	19.35% 6	31
Recommend OTC esomeprazole and refer to her physician.	32.26% 10	54.84% 17	12.90% 4	31
Recommend a deprescribing regimen to reduce her use of PPIs	25.81% 8	29.03% 9	45.16% 14	31



Panel of Peers – Reflections From Select Panel Members Feb 18, 2022



Question 1

- The spread on the answers was pretty wide. The comments indicated a tendency to taper the PPI.:
 - **Renewal for 2 months – 56% Action I would take, 28% Not appropriate**
 - Recommend OTC esomeprazole and Refer – 32% Action would take, 13% Not appropriate
 - Recommend deprescribing – 26% Action I would take, 45% Not appropriate
 - Recommend OTC products – 19% Action I would take, 19% Not Appropriate
 - Minor ailment for a longer supply – 16% Action I would take, 22% Not appropriate
 - Refer – 10% Action I would take, 23% Not Appropriate

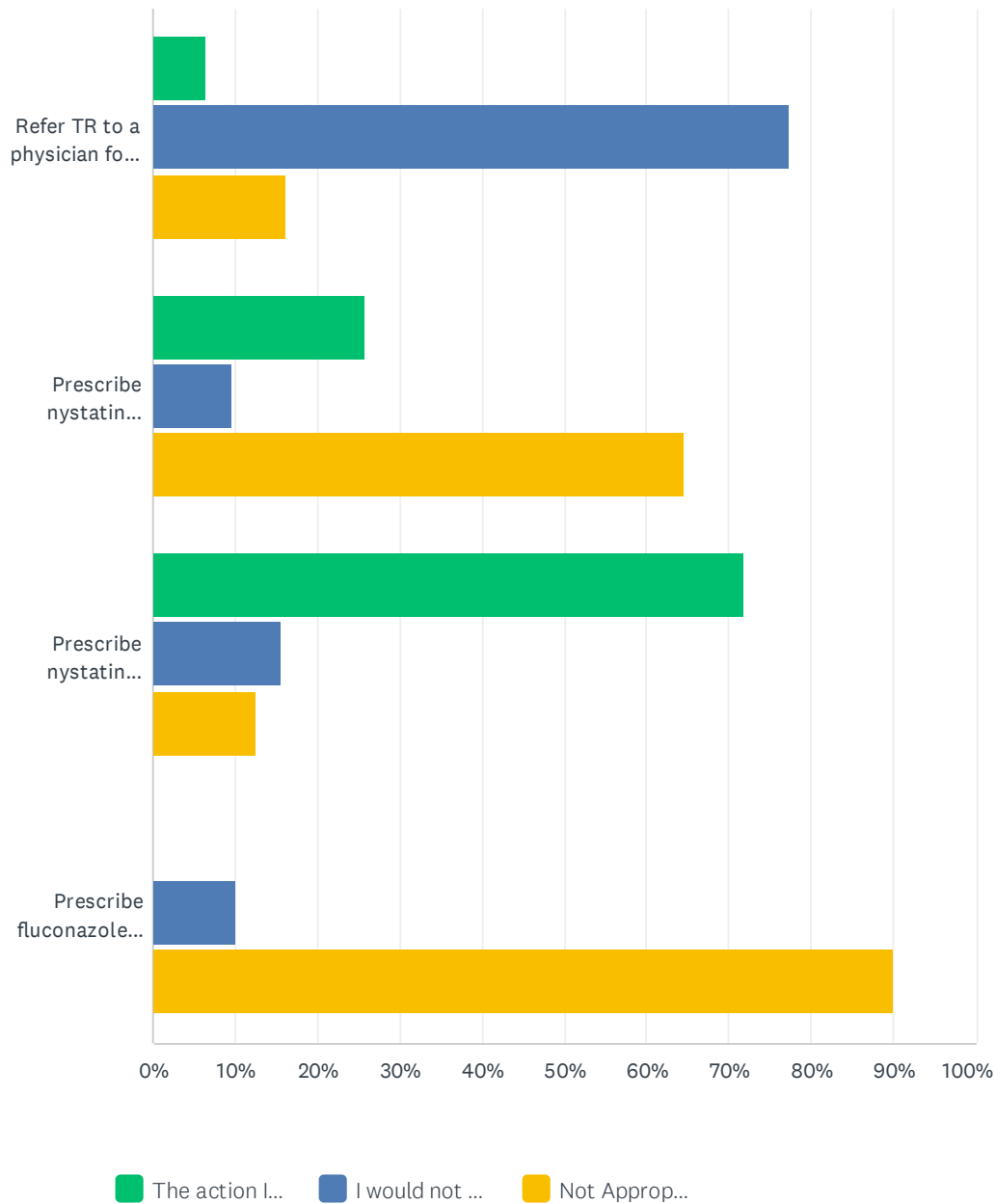
Comments

- I would consider this to likely be a case of rebound reflux following discontinuation of PPI therapy and renew rx and adapt dose to rabeprazole 10mg tablets; take 2 tablets once daily for 2 weeks, then take 1 tablet once daily for 2 weeks, then take 1 tablet every other day for one week, then discontinue. Would follow-up with patient every 2 weeks to assess tolerability of taper and continued GERD sx control. Also counsel re: non-pharms and lifestyle changes.
- I would reduce to 10mg for 4 weeks and also recommend OTC calcium carbonate for any breakthrough symptoms and explain that for tx of GERD 4-8 weeks of PPI is appropriate but review long term risks and rationale to deprescribe and switch to alternative. Also discuss non-pharmacological/lifestyle interventions. Assumes all therapies were appropriate and continue to be indicated.
- This is also dependant on ruling out MI, any scheduled FU with physician, any planned medical procedures to determine cause.
- Minor GERD should normally resolve in a course of 4-8 weeks. Should be assessed for other underlying pathology.

Q2 TR is an 8 yo male with asthma taking salbutamol MDI prn (before hockey and 2-3 times per month as a rescue) and fluticasone 50 mcg MDI 2 puffs twice daily regularly. He presents to the pharmacy with a creamy, white patches on his tongue, palate and cheeks. His mother thought he had thrush because he doesn't rinse his mouth out well after using his steroid and he doesn't use his Aerochamber®. He has never had thrush before. He takes no other medications, has no allergies and no other medical conditions. He denies burning his mouth in any way. It's not painful but he says it feels "funny" in his mouth. He reported the patches to his mom today but started noticing it a few days ago. The patches can be scraped off and reveal mild redness underneath but no bleeding. How should a pharmacist respond?

Answered: 33 Skipped: 0

Panel of Peers Survey - February 18, 2022



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Refer TR to a physician for further assessment.	6.45% 2	77.42% 24	16.13% 5	31
Prescribe nystatin suspension 1 mL qid for 7 days.	25.81% 8	9.68% 3	64.52% 20	31
Prescribe nystatin suspension 5 mLs qid for 7 days.	71.88% 23	15.63% 5	12.50% 4	32
Prescribe fluconazole suspension 3mg/kg once daily for 14 days.	0.00% 0	10.00% 3	90.00% 27	30



Panel of Peers – Reflections From Select Panel Members Feb 18, 2022



Question 2

- Answers were for question 2 were fairly consistent:
 - **Prescribe 5 mL nystatin qid x 7 – 72% Action I would take, 12% Not Appropriate**
 - Prescribe 1 mL nystatin qid x 7 – 26% Action I would take, 65% Not Appropriate
 - Refer – 6% Action I would take, 16% Not appropriate
 - Fluconazole oral – 0% Action I would take, 90% Not appropriate

Comments

- Follow-up in 6 days as it may sometimes require longer treatment