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## PPIs and Heart Attacks: The Bottom Line

Here's why the Stanford Study on PPIs and heart attacks is not as concerning as the press release and the study itself suggested (1-2): it comes down to the data mining.

The data-mining algorithm obtained a lot of data in addition to PPIs, diagnosed acid reflux, and heart disease. It collected data on blood lipids, systolic blood pressure, and smoking status. What it did not do was collect the heights and weights to determine BMI from the medical records. The researchers acknowledged that they had no data on diabetes as well. Of all the information that could have an impact on who's at risk if they take PPIs, those would have been important for this reason: reflux can occur in anyone but appears to increase as weight increases. That would be important to know in modern society where 38% of adults are obese. It may be that only people who are overweight are affected by PPI use. Or they may have heart disease that's undiagnosed and makes the risk higher, and that's truly the associated factor. If they're diabetic, that also increases the risk of heart disease as well.

The other omission that seems obvious is that they didn't check any interactions with other medications; not because they couldn't—they collected all prescription information. The whole purpose of developing the data-mining technique is for what they term pharmacovigilance, and the goal of the program is to identify problems with medications before adverse events are reported to the CDC or FDA. Based on the study, people were taking a lot of medications, and the PPIs were not usually the first or only medication they used. It seems like an obvious miss, because drug interactions could be responsible for side effects from PPIs, including heart attacks.

You've heard me say it before, but the only people involved with this study were statisticians and physicians. If all you've got is a hammer, everything looks like a nail; numbers and drugs are what they know best, and that's what we got. That it's meaningful has yet to be determined other than to make headlines.



### The Bottom Line

How does this affect you if you take a PPI for acid reflux or ulcers? Not at all for now, other than to be aware. It may warrant a discussion with your physician.

In reality, PPIs are supposed to be used for only a two-week course; the rest of the treatment plan is to change your eating habits and diet to get to a food intake that could reduce reflux and hence your dependence on PPIs. That doesn't seem to be the American way. We love shortcuts, and until we start to understand that medications have consequences, most of which we don't really know yet, we will be at risk whether this research pans out or not.

Eat less fat. Eat less. Lose weight if you can. Move more. If you do all you can and you still need the PPI, that's fine. But first, do all you can.

What are you prepared to do today?

***Dr. Chet***

**References:**

1. PLoS ONE 10(6): e0124653. doi:10.1371/journal.pone.0124653.

2. <http://med.stanford.edu/news/all-news/2015/06/some-heartburn-drugs-may-boost-risk-of-heart-attack-study-finds.html>

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