**An Audit on Adherence to Pantoprazole Use for Patients on Aspirin with High Gastrointestinal risk**

*Kwok YN, Cheung KL*

*West Kowloon General Outpatient Clinic, Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hong Kong*

**Keywords:**

Aspirin  
Pantoprazole

**Introduction**

Patients on Aspirin with high gastrointestinal (GI) risk shall be prescribed proton pump inhibitor (PPI) to decrease risk of upper gastrointestinal bleeding (UGIB).

**Objectives**

(1) To assess the adherence rate to Pantoprazole use for patients on Aspirin with high GI risk in West Kowloon General Outpatient Clinic  
(2) To assess the reasons for non-adherence.

**Methodology**

Clinical records of patients with aspirin prescription were reviewed for presence of GI risk and Pantoprazole use. GI risk factors include: (1) history of peptic ulcer disease (PUD) or complication (2) concomitant use of anticoagulants, Clopidogrel, corticosteroids or NSAIDs.

**Result**

182 randomized subjects out of 1036 patients with Aspirin prescription from September 2013 to September 2014 in West Kowloon GOPD were reviewed and 73.4% were aged 65 or above. 10% of the patients had GI risk while 22.2% of these were prescribed Pantoprazole. The main reason for non-adherence is being unaware of history of PUD (43%), followed by no apparent reason (29%) and concomitant NSAIDs prescribed by other specialties (21%). To improve the adherence rate and decrease the risk of UGIB, it is suggested to ask the patients and double check with ePR for specialty notes, OGD reports and drug prescription history for risk factors before starting Aspirin. Awareness of PPI cover shall be raised among clinical staff.