

# Proton pump inhibitors and hypomagnesemia monitoring

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## Dear editor

I thank El-Charabaty et al<sup>1</sup> for their interesting paper which concludes that patients in receipt of proton pump inhibitors (PPIs) need to be followed closely for magnesium deficiency, particularly in the face of acute cardiovascular events, as this may worsen arrhythmias and hence increase the likelihood of complications. I would of course reference Faulhaber et al's recent paper that highlights the fact that hypomagnesemia in PPI use is uncommon<sup>2</sup> – but of course, uncommon does not mean never, and as such the former's conclusion is sound advice to all juniors and seniors alike.

El-Charabaty et al's transparency regarding limitations was exemplary, particularly their acknowledgment of the observational status of the study.<sup>1</sup> It would be interesting to see the results in a study drawn from an outpatient setting, as close monitoring in that domain could significantly add to the workload of primary care physicians. I also feel that diuretic use, which has been associated with PPI hypomagnesemia, could be analyzed in these settings.

To conclude, this is a relevant study, which highlights an important clinical monitoring situation.

## Disclosure

The author reports no conflicts of interest in this work.

## References

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2. Faulhaber GA, Ascoli BM, Lubini A, et al. Serum magnesium and proton-pump inhibitors use: a cross-sectional study. *Rev Assoc Med Bras*. 2013;59(3):276–279.

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