

## TREATMENT OF *HELICOBACTER PYLORI*

### GENERAL INFORMATION FOR PATIENTS

If you are found to have *Helicobacter pylori* infection, you may wish to have antibiotic treatment of some kind. Treatment of *Helicobacter pylori* is usually simple but occasional patients need repeated endoscopies, biopsies, and several courses of treatment with antibiotic drugs.

After treatment of *H.pylori*, it is necessary to repeat one of these tests to see if the germ has been killed. Only breath tests or endoscopy with biopsy can be used to prove that the bacterium has been cured. The blood test may remain positive for months or even years after successfully killing the *H.pylori*.

#### Risks of *H.pylori* Therapy

There is a small risk associated with taking **bismuth drugs** (for example, Pepto-Bismol). They may temporarily cause grey staining of the teeth and mouth and can cause constipation, diarrhoea, and blackening of the stools. **All antibiotics** have a small risk of an allergic reaction. The antibiotics we recommend are called amoxicillin, clarithromycin, tetracycline and metronidazole. If your *H.pylori* infection is difficult to cure, we may suggest that you take different antibiotics or higher doses in order to treat it. If you have ever had a reaction to antibiotics, you should tell your doctor (for example, penicillin allergy). The antibiotics are commonly used and are safe, but they may cause a bad taste in the mouth (clarithromycin [clari], metronidazole [met]), dizziness, tingling [met], stomach upset, diarrhoea, and, very rarely, fatal reactions (as may occur with all antibiotics). If you are given Flagyl or metronidazole, you should not drink alcohol while taking the drug because an unpleasant reaction may occur (flushing, headaches, and nausea). Flagyl (metronidazole) should not be used in pregnancy.

For a detailed explanation of drug interactions and side effects see online drug list at "[www.rxlist.com](http://www.rxlist.com)".

#### Treatment Rules

Acid lowering drugs such as ranitidine, cimetidine, famotidine, omeprazole, pantoprazole and lansoprazole are generally safe, but discuss them with your doctor and read the package for more information. Only combinations of antibiotics with the above medications have been shown to eradicate *H.pylori*. Some patients have developed transient candida (yeast infection) after antibiotic use. If you are concerned about this discuss it with your doctor and take an antifungal agent if appropriate.

If you are pregnant or likely to become so, you should tell your doctor and he/she may decide not to treat your *H.pylori* infection or to use a special combination of antibiotic therapy.

Therapy should not be given unless a diagnostic test for *H.pylori* has been performed and a positive result obtained. The absence of *H.pylori* in peptic ulcer is a diagnostic pointer to an unusual and perhaps more serious aetiology. There is no justification for treating patients longer than 14 days. Cure rates have been less with shorter therapies but longer therapies have not been shown to result in higher cure rates. If 14 day therapy fails, the bacterium is probably resistant to that antibiotic combination and future therapy may need to be guided by antimicrobial sensitivity testing of a cultured organism.

If therapy fails, your doctor should try not to use the same combination again. *H.pylori* easily becomes resistant to metronidazole and clarithromycin so these agents should not be used twice unless antibiotic sensitivity data is available to support their continued use. After therapy, avoid antimicrobial agents for 4 weeks and omeprazole for one week before doing a diagnostic test (biopsy for histology and CLOtest ("[www.trimed.com/clotest.html](http://www.trimed.com/clotest.html)"), or a urea breath test either C14 ("[www.trimed.com/pytest\\_cool.html](http://www.trimed.com/pytest_cool.html)") or C13 ("[www.meretek.com/patin.htm](http://www.meretek.com/patin.htm)") to confirm eradication.

**If two therapies fail (*H.pylori* persists by breath test or biopsy) then expert advice is required. You may have antibiotic resistant *H.pylori*.**

Your doctor may wish to perform endoscopy and biopsy with culture to check sensitivities. Then he can treat appropriately when the results are known (21 days). Cultures can be mailed to the Foundation lab for analysis:

University of Virginia Medical Center  
Clinical Laboratory Services  
Box 168  
Charlottesville Va 22908

Email Leah Barrett first "ljb6v@virginia.edu" first or fax at 804-977-5323. Plan to biopsy on Monday so that specimens arrive quickly during the working week.

**You must obtain instructions from us on how to ship the specimens.**

**Homeopathic Remedies**

There is no data available to support their use. It seems that if homeopathic remedies worked, the makers would perform clinical trials to prove it and then have them widely available under prescription. Since their clinical trials have not been funded, then we can assume that the makers don't really believe they work at all!

We recommend that you take the real therapies described above. Interestingly, some compounds used as natural therapies do suppress (but not cure) *H.pylori*. An example is lactobacilli (yoghurt)! Basically, *H.pylori* is tough to eradicate if you don't do it "by the book".

**Vaccines**

Vaccines are being tested in animals and humans. It is very early days yet.

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