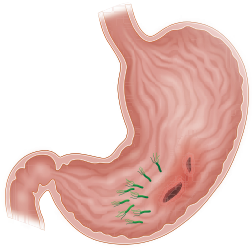
ACG GUIDELINE Highlights



Treatment of *Helicobacter pylori* Infection

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Epidemiology

- *H. pylori* prevalence in North America is 30%-40%
- Typically acquired in childhood
- More prevalent among non-White races or ethnicities, those living in crowded or poor sanitary conditions, and early generation immigrants from endemic regions.

When to Test for *H. pylori*

Benign Conditions

- Dyspepsia if <60 years without alarm features (GI bleeding, vomiting, unexplained weight loss, iron deficiency)
- Dyspepsia if <50 years with high risk for gastric cancer
- Endoscopy with biopsies if dyspepsia and alarm features, NSAID use, family history of gastric cancer, immigration from high incidence region
- Adult household members of *H. pylori* positive individuals
- ITP
- Unexplained IDA
- Current or prior history of PUD
- Chronically taking NSAID or starting daily aspirin therapies

Premalignant and Malignant Conditions

- High risk gastric premalignant condition
  - Atrophy, intestinal metaplasia, dysplasia
  - Autoimmune gastritis
  - Family history of gastric cancer
  - Foreign born with immigration from high incidence region
  - High risk race or ethnicity
- MALT lymphoma
- Gastric epithelial polyps

WHO recognizes *H. pylori* as a group I (definite) carcinogen

Treatment for *H. pylori*

Regimens for *H. pylori* Treatment		Rx Naïve	Rx Experienced (Salvage)	
		Empiric	Empiric	Proven Rx Sensitivity
Optimized bismuth quadruple	• PPI b.i.d. • Bismuth subcitrate (120-300 mg) or subsalicylate (300 -524 mg) q.i.d. • Tetracycline 500 mg q.i.d. • Metronidazole 500 mg t.i.d. or q.i.d. *Doxycycline is not a recommended substitute for tetracycline*	✔	✓	✓
Rifabutin Triple	• Rifabutin 50 mg t.i.d. (if dose unavailable, substitute rifabutin 150 mg b.i.d.) • Amoxicillin 1000 mg t.i.d. • Omeprazole 40 mg t.i.d.	✓	✓	✓
PCAB Dual	• Vonoprazan 20 mg b.i.d. • Amoxicillin 1000 mg t.i.d.	✓	!	!
PCAB Triple	• Vonoprazan 20 mg b.i.d. • Clarithromycin 500 mg b.i.d. • Amoxicillin 1000 mg b.i.d.			✓
Levofloxacin Triple	• PPI b.i.d. • Amoxicillin 1000 mg b.i.d. • Levofloxacin 500 mg b.i.d.			✓

✔ Recommended ✓ Suggested ! May be considered when no other options

Treatment Pearls

- All patients found to be infected with *H. pylori* should be treated
- Complete test of cure at least four weeks after therapy with either:
  - Urea breath test
  - Fecal antigen test
  - Biopsy-based test
- To avoid false negatives in test of cure – hold PPI x 2 weeks; bismuth and antibiotics x 4 weeks
- Avoid clarithromycin and levofloxacin-containing Rx unless demonstrated susceptibility
- PCN allergy – consider referral for formal PCN allergy testing and/or desensitization

Abx = antibiotic
b.i.d. = twice a day
GIM = gastric intestinal metaplasia
H. pylori = *Helicobacter pylori*
ITP = immune thrombocytopenic purpura
IDA = iron deficiency anemia
mg = milligrams
NSAIDS = non-steroidal anti-inflammatory drugs
PCN = penicillin
PCAB = potassium competitive acid blocker
PPI = proton pump inhibitor
PUD = peptic ulcer disease
q.i.d. = four times a day
Rx = treatment
t.i.d. = three times a day

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→ READ THE GUIDELINE: **bit.ly/acg-h-pylori-guideline**