

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Helicobacter pylori Infection

Helicobacter pylori Infection

1. Seek advice from gastroenterologist if 1st or 2nd line eradication unsuccessful.
2. While choosing a treatment regimen for *H. pylori*, patients should be asked about previous antibiotic exposure and this information should be incorporated into the decision-making process.
3. Please consider medication side effects and interactions, when choosing a triple therapy regime.
4. Second-line therapy depends on the first-line therapy and should not be the same treatment.
5. **Following triple therapy, there is no need to continue acid-inhibiting treatments (PPI).** However, if the ulcer is large, duodenal or complicated by haemorrhage or perforation, acid-inhibiting treatments can be continued for a longer duration. Patients should be **maintained** on the **lowest effective dose of acid inhibiting treatment** on an 'as required' basis.
6. **Testing for eradication is recommended in all patients treated for *H. pylori* and should occur at least 6 - 8 weeks following treatment.** Please inform the patient and the GP - a *H. pylori* stool antigen test should be performed 6 - 8 weeks after *H. pylori* eradication. To increase accuracy, patients **must not be on any medication that affects *H. pylori* detection**; these include **antibiotics (past 4 weeks), PPIs (past 2 weeks), and bismuth (past 4 weeks)**. If symptomatic relief is required during this period, H2 receptor antagonists and anti-acid medications are recommended.
7. Referral for OGD for *H. pylori* culture and susceptibility testing should be performed following two treatment regime failures.
8. Bismuth is available in Ireland as unlicensed medicines (ULM) – and therefore not routinely stocked in community. Please contact ward and community pharmacy at least 24hrs prior to discharge to arrange supply.
9. Newer generation PPIs, e.g. esomeprazole 40mg, are considered more effective than first generation PPIs.

Antibiotic regimens for Helicobacter pylori Eradication

1 st Line Helicobacter pylori eradication	1 st Line Therapy	Alternative 1 st Line Therapy	Comment
		<p>If Penicillin Allergy or Clarithromycin Allergy</p> <p>OR</p> <p>If patient has received Clarithromycin in the past year</p>	
	Esomeprazole PO 40mg (PPI) every 12 hours + Clarithromycin PO 500mg every 12 hours + Amoxicillin 1g PO every 12 hours	Esomeprazole PO 40mg (PPI) every 12 hours + Bismuth subcitrate PO 120mg every 6 hours (ULM) + Metronidazole PO 400mg every 8 hours + Doxycycline PO 100mg every 12 hours	Duration: 14 days
2 nd line Helicobacter pylori eradication - if still infected after 1 st line therapy	2 nd Line Therapy	Alternative 2 nd Line Therapy	
		<p>IF Patient has received Clarithromycin in the past year</p> <p>NO Penicillin Allergy Penicillin Allergy</p>	
	Esomeprazole PO 40mg (PPI) every 12 hours + Clarithromycin PO 500mg every 12 hours + Metronidazole PO 400mg every 12 hours	<p>NO Penicillin Allergy</p> <p>Esomeprazole PO 40mg (PPI) every 12 hours + Levofloxacin PO 250mg every 12hours + Amoxicillin PO 1g every 12hours</p> <p>Penicillin Allergy</p> <p>Esomeprazole PO 40mg (PPI) every 12 hours + Bismuth subcitrate PO 120mg every 6 hours (ULM) + Metronidazole PO 400mg every 8 hours + Doxycycline PO 100mg every 12 hours</p>	

Refs:

1. HSE [Helicobacter pylori – Antibiotic Prescribing.ie](#) November 2023
2. Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report. Malfertheiner P, et al. *Gut* 2022;71:1724–1762. doi:10.1136/gutjnl-2022-327745 Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report (bmj.com)