

# Dyspepsia – H Pylori

MSEC approved 9/21/17

**Background Information:**

- < 75% of the AN/AI population is colonized with H. Pylori (range 61-84%)
- < Screening or testing for H. Pylori for routine evaluation of dyspepsia or other GI symptoms is not clinically useful or supported by evidence for high prevalence populations
- < For routine clinical practice, there is **insufficient evidence-based data** to support community-wide eradication as a mechanism for gastric cancer prevention
- < Current literature **DO NOT** support a test and treat method

**Pediatrics:**

- < Goal is to determine underlying cause of symptoms, not solely the presence of H. Pylori infection
- < Diagnostic testing is NOT recommended with functional abdominal pain
- < Consider formal consult with Gastroenterology

**Pregnancy and Lactation:**

- < Delay treatment until after pregnancy
- < DO NOT use in Pregnancy: bismuth and tetracycline
- < DO NOT use in lactation: bismuth, metronidazole, levofloxacin

H. Pylori identified by histology and/or CLO test from EGD

**AND**  
Endoscopy reveals the following:

- < Duodenal ulcers
- < Gastric ulcer
- < MALT lymphoma
- < Intestinal metaplasia

Treat for H. Pylori with antibiotics

**\*\*All treatment is for 14 days\*\***

**Preferred Treatment:**

- Metronidazole 500 mg PO QID
- Amoxicillin 1000 mg PO BID
- Omeprazole 20 mg PO BID
- Bismuth subsalicylate 524 mg PO QID

**PCN allergic (anaphylactic):**

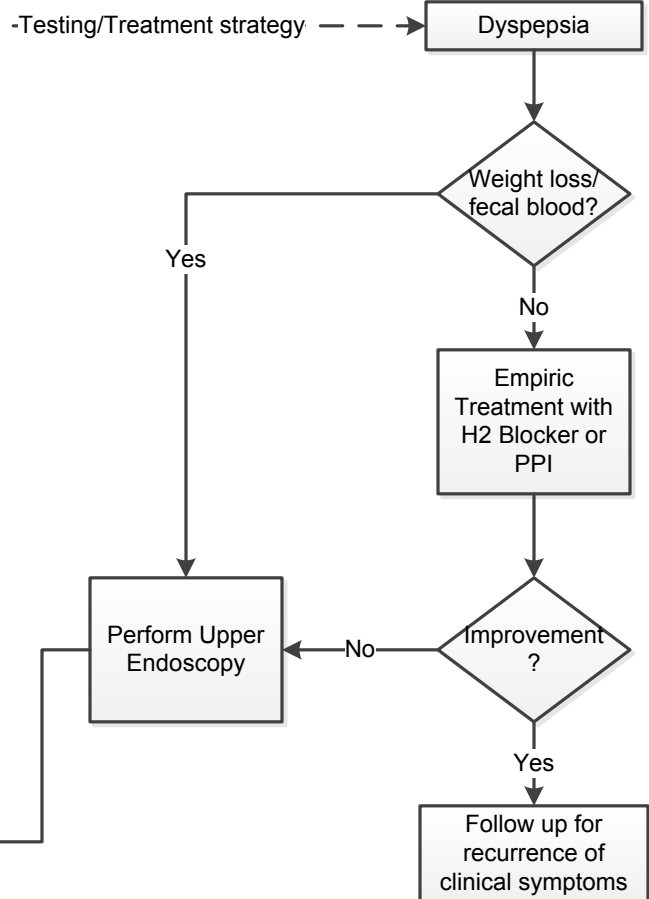
- Metronidazole 500 mg PO QID
- Doxycycline 100 mg PO BID
- Omeprazole 20 mg PO BID
- Bismuth subsalicylate 524 mg PO QID

**Recurrence/Failure:**

- Metronidazole 500 mg PO QID
- Doxycycline 100 mg PO BID
- Omeprazole 20 mg PO BID
- Bismuth subsalicylate 524 mg PO QID
- OR
- Amoxicillin 1000 mg PO BID
- Levofloxacin 500 mg PO daily (FDA Black Box)
- Omeprazole 20 mg PO BID

**Eradication Testing:**

- < UBT for *Test of Cure* is necessary to determine need for retreatment
- < 10-35% of individuals will fail treatment
- < Serologic testing is not recommended due to prolonged antibody persistence beyond date of cure and false positive results
- < Must be off PPI for >= 2 weeks prior to UBT



Other causes of dyspepsia that antibiotics will NOT help, EVEN IF H. Pylori is detected:

- < GERD
- < Irritable Bowel Syndrome
- < Mild/moderate gastritis
- < Excessive/chronic NSAID use
- < Heavy alcohol use
- < Poor gastric mobility

**Symptomatic relief Medications:**

- Adults:  
Ranitidine 150 mg PO BID  
Omeprazole 20 mg PO BID
- Children:  
Ranitidine 5-10 mg/kg PO divided BID

-Testing/Treatment strategy - - - ->