



#### 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 with noninvasive tests.

#### Pediatrics:

- Goal is to determine underlying cause of symptoms, not solely the presence of *H pylori* infection.
- Principles of testing and treatment are the same as for adults.
- Diagnostic testing is NOT recommended with functional abdominal pain or iron-deficiency anemia.
- Consult pediatrics if considering this diagnosis.

#### 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\*\***

#### Adult Dosing

##### 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

#### Pediatric Dosing

Metronidazole 10 mg/kg PO BID  
Amoxicillin 45 mg/kg PO BID  
Omeprazole 1 mg/kg PO BID  
Bismuth subsalicylate  
<10 years: 262 mg PO QID  
>10 years: 524 mg PO QID

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

#### Eradication Testing:

- Urea Breath Test for *Test of Cure* is necessary to determine need for retreatment. It can be performed on children as young as 3. The stool antigen test available at YKHC is not recommended for test of cure.
- 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 Urea Breath Test.

