



Background Information

- 75% of the ANAI 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.
- Diagnostic testing is NOT recommended with functional abdominal pain.
- Consult pediatrics if considering this diagnosis.
- Urgent referral for endoscopy for: occult blood in stool, weight loss, vomiting/hematemesis, melena, or clinical suspicion for gastric or duodenal peptic ulcer disease.
- Consider referral for: iron deficiency that is unexplained and refractory to treatment, malnutrition without other cause, chronic immune thrombocytopenia.

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
- Gastric intestinal metaplasia

Treat for *H. Pylori* with antibiotics

Adult Dosing (14 day course)

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 (14 day course)

Metronidazole 10 mg/kg PO BID
Amoxicillin 25 mg/kg PO BID
Omeprazole 1 mg/kg PO BID
Bismuth subsalicylate
<10 years: 262 mg PO QID
>10 years: 524 mg PO QID

See [ANMC Helicobacter pylori Pediatric Treatment Guideline](#).

Endoscopy Referrals

- Adults: Criteria for YKHC found [here](#). Use orders "Refer to Adult Surgery Internal – YK EGD" or "Refer to Adult Surgery External (only EGD/CS)."
- Pediatrics: "Refer to Peds Gastroenterology External" or "Refer to Peds Surgery External."

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:

Famotidine 10 mg PO BID
Omeprazole 20 mg PO BID

Children:

Famotidine 0.5 mg/kg PO BID

After Treatment

- Goal is eradication. Test of cure with Urea Breath Test (UBT) must be performed ≥ 8 weeks after end of treatment course. Must be off PPI ≥ 2 weeks prior to UBT. UBT can be performed on children as young as 3 years.
- For children, if UBT positive after treatment, consult Infectious Disease.
- For adults, if UBT positive, use one of the "Recurrence/Failure" regimens. If unsuccessful, consult Infectious Disease.
- 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.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 4/28/23.

Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact Clinical_Guidelines@ykhc.org.

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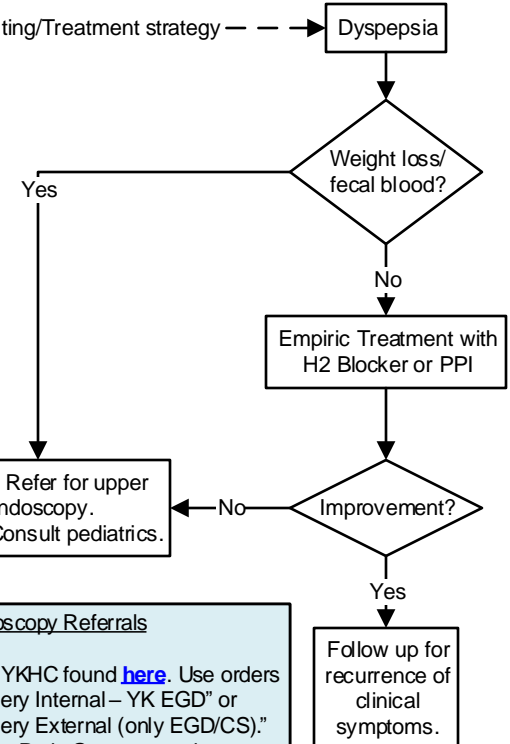
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