



S I G N

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Helicobacter Pylori

Eradication Therapy in Dyspeptic Disease

A Quick Reference Guide

Derived from the National Clinical Guideline recommended for use in Scotland
by the Scottish Intercollegiate Guidelines Network

A B C refers to **grade of recommendation** based on definitions of levels of evidence used by the
US Agency for Health Care Policy and Research (for details see National Guideline)

**Which patients with *H. pylori*
should receive eradication
therapy?**

Patients with:

- ❖ Duodenal ulcer **A**
- ❖ Benign Gastric Ulcer **A**
- ❖ Gastric Lymphoma **B**

Recommended Therapy **A**

One week triple therapy with a proton pump inhibitor plus 2 antibiotics

FOR EXAMPLE

omeprazole 20 mg b.d.
metronidazole 400 mg t.d.s.
amoxicillin 500 mg t.d.s.

OR

omeprazole 20 mg b.d.
clarithromycin 250 mg t.d.s.
amoxicillin 500 mg t.d.s.

IF ALLERGIC TO AMOXYCILLIN

omeprazole 20 mg b.d.
metronidazole 400 mg b.d.
clarithromycin 250 mg b.d.

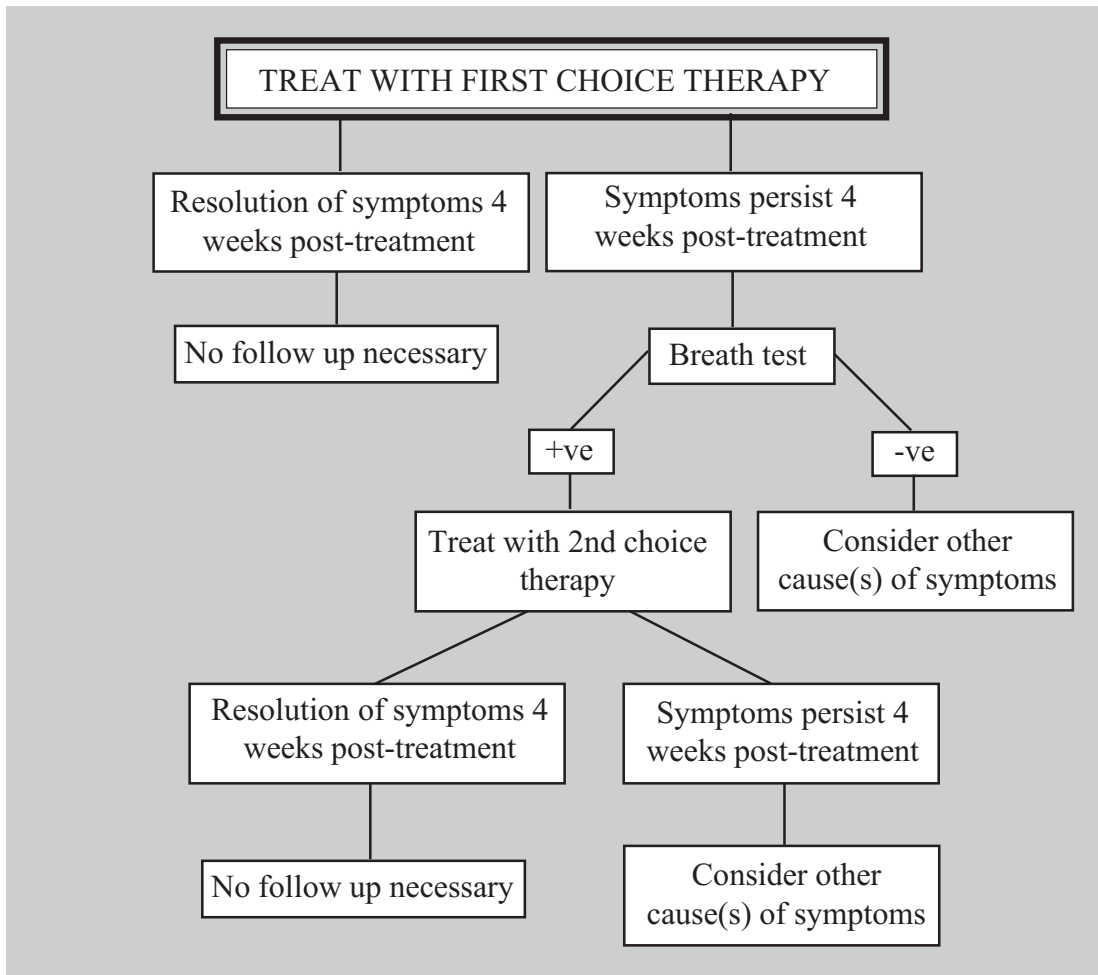
- Note:**
- 1 The value of eradicating *H. pylori* in NSAIDs related ulcers is unclear.
 - 2 Other proton pump inhibitors (e.g. lansoprazole, 30 mg b.d.) may be used in place of omeprazole.
 - 3 In patients with active ulcers continue the acid inhibitor alone for one week (DU) or 3 weeks (GU), after triple therapy.

Follow up after Eradication Therapy

These are SIGN grade C recommendations based on level IV evidence

❖ Uncomplicated DU

Follow flow chart below



❖ Complicated Peptic Ulcer

If previous ulcer complication confirm eradication in all patients by breath test or endoscopy.

❖ Gastric Ulcer

Undertake endoscopy to confirm eradication and healing of ulcer.

Additional copies of this Quick Reference Guide and the full guideline are available from
SIGN Secretariat, 9 Queen Street, Edinburgh, EH2 1JQ

This Quick Reference Guide was issued in August 1996 and will be reviewed in 1998

Scottish Intercollegiate Guidelines Network (SIGN)