

Test and treat for *Helicobacter pylori* (HP) in dyspepsia

Quick reference guide for primary care: Summary table

- ❑ PPI medication: lansoprazole 30mg BD, omeprazole 20-40mg BD, pantoprazole 40mg BD, esomeprazole 20mg BD, rabeprazole 20mg BD.^{38D}
- ❑ If post gastro-duodenal bleed, start HP treatment only when patient can take oral medication.^{40A+}
- ❑ If diarrhoea develops, consider *Clostridium difficile* and review need for treatment.
- ❑ Only offer third-line eradication on advice from a specialist.^{31A+,33A+,41A-,42A+,43D}

WHEN SHOULD I RETEST FOR *HELICOBACTER PYLORI*?

- ❑ As 64% of patients with functional dyspepsia will have persistent recurrent symptoms, do not routinely offer re-testing after eradication.^{2D}

- if compliance poor, or high local resistance rates^{11D,29B-}
- persistent symptoms, and HP test performed within two weeks of taking PPI, or within four weeks of taking antibiotics^{19A+,20B+,21B+,22C}
- patients with an associated peptic ulcer, after resection of an early gastric carcinoma or MALT lymphoma^{2D,11D,26C}
- patients requiring aspirin, where PPI is not co-prescribed^{2D}
- patients with severe persistent or recurrent symptoms, particularly if not typical of GORD^{11D,26C}

DO NOT use serology for re-testing^{2D,15A+,16C}

- UBT is most accurate^{15A+,16C}
- SAT is an alternative^{15A+,18A+}

Wait at least four weeks (ideally eight weeks) after treatment.^{11D,19A+} If acid suppression needed use H₂ antagonist.^{39D}

Use second-line treatment if UBT or SAT remains positive^{2D}

WHAT SHOULD I DO IN ERADICATION FAILURE?

- ❑ Reassess need for eradication.^{2D} In patients with GORD or non-ulcer dyspepsia, with no family history of cancer or peptic ulcer disease, a maintenance PPI may be appropriate.^{2D,26C}

WHEN SHOULD I REFER FOR ENDOSCOPY, CULTURE, AND SUSCEPTIBILITY TESTING?

- ❑ Patients in whom the choice of antibiotic is reduced due to hypersensitivity, known local high resistance rates, or previous use of both clarithromycin and metronidazole, and a quinolone.^{2A-,11D,28D}
- ❑ Patients who have received two courses of antibiotic treatment, and remain HP positive.^{2D,11D,28D}
- ❑ For any advice, speak to your local microbiologist, or the *Helicobacter Reference Laboratory*.

GRADING OF GUIDANCE RECOMMENDATIONS

The strength of each recommendation is qualified by a letter in parenthesis. This is an altered version of the grading recommendation system used by **SIGN**.

STUDY DESIGN	RECOMMENDATION GRADE
Good recent systematic review and meta-analysis of studies	A+
One or more rigorous studies; randomised controlled trials	A-
One or more prospective studies	B+
One or more retrospective studies	B-
Non-analytic studies, eg case reports or case series	C
Formal combination of expert opinion	D

This guidance was originally produced in 2004 by the South West GP Microbiology Laboratory Use Group, in collaboration with the Association of Medical Microbiologists, general practitioners, nurses and specialists in the field. This guidance was reviewed and updated in 2016, with input from Professor Clodna McNulty; Dr Philippa Moore; Dr Teh Li Chin; the British Society of Gastroenterology (BSG); the Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI); the British Society for Antimicrobial Chemotherapy (BSAC); the British Infection Association (BIA); the Royal College of General Practitioners (RCGP); the Royal College of Nursing (RCN); general practitioners; specialists in the field; and patient representatives. Full consensus of the recommendations made was given by all guidance developers and reviewers prior to the dissemination of this guidance. All comments received

have been reviewed and incorporated into the guidance, where appropriate. For detailed information regarding the comments provided and action taken, please email sarah.alton@phe.gov.uk. Public Health England works closely with the authors of the **Clinical Knowledge Summaries**.

If you would like to receive a copy of this guidance with the most recent changes highlighted, please email sarah.alton@phe.gov.uk.

For detailed information regarding the search strategies implemented and full literature search results, please email sarah.alton@phe.gov.uk.