



Title Clinical practice guideline: Eradicating therapy for *Helicobacter pylori* infections associated with duodenal ulcers in primary care

Agency CAHTA, Catalan Agency for Health Technology Assessment and Research
Esteve Terradas, 30, Recinte Parc Sanitari Pere Virgili, Edifici Mestral, 1a planta, ES-08023 Barcelona, Spain
Tel: +34 93 2594200 Fax: +34 93 2594201; <http://www.aatrm.net>

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The recommendations in this guideline are based on a systematic review of current scientific evidence. The general objective of this analysis is to evaluate the efficacy and safety of eradication therapy, by means of triple therapy, for Helicobacter pylori infections associated with peptic ulcers.

Aim

The aim of this clinical practice guideline is to formulate recommendations to assist professionals in determining and selecting the most appropriate diagnostic and/or therapeutic options in the clinical management of *Helicobacter pylori* infections associated with duodenal peptic ulcer.

Main points of interest

- Infection by *Helicobacter pylori* (*H. pylori*) is the most important pathogenetic factor associated with the presence of gastric or duodenal ulcers, unrelated to the use of nonsteroidal antiinflammatory drugs (NSAIDs).
- Results from the meta-analysis of randomized controlled trials showed a higher efficacy for triple therapy in eradicating *H. pylori* and in healing newly diagnosed gastric or duodenal ulcers.
- Results from the clinical decision analysis model showed the highest cost-effectiveness ratio for the empiric administration of triple therapy in cases of noncomplicated, previously-diagnosed duodenal ulcers without diagnostic confirmation.
- Results from this study made it possible to present a clinical practice guideline that recommends 7-day treatment with triple therapy, ie, **Proton pump inhibitor (standard dose) + Clarithromycin 500mg/12h + (Amoxicillin 1,000mg/12h or Metronidazole 500mg/12h)** as first choice eradicating therapy.
- The choice of antibiotics should be based on the local and national profile of bacterial resistances since these may modify the effectiveness of therapy.