

Letterkenny University Hospital - LUH Antimicrobial Prescribing Policy/Guidelines: Helicobacter pylori Infection

Helicobacter pylori Infection ■

1. Seek advice from gastroenterologist if 1st or 2nd line eradication unsuccessful.
2. While choosing a treatment regimen for *H. pylori*, patients should be asked about previous antibiotic exposure and this information should be incorporated into the decision-making process.
3. Please consider medication side effects and interactions, when choosing a triple therapy regime.
4. Second-line therapy depends on the first-line therapy and should not be the same treatment.
5. **Testing for eradication is recommended in all patients treated for *H. pylori* and should occur at least 6 - 8 weeks following treatment.** Please inform the patient and the GP - a *H. pylori* stool antigen test should be performed 6 - 8 weeks after *H. pylori* eradication. To increase accuracy, patients **must not be on any medication that affects *H. pylori* detection**; these include **antibiotics (past 4 weeks), PPIs (past 2 weeks), and bismuth (past 4 weeks)**. If symptomatic relief is required during this period, H2 receptor antagonists and anti-acid medications are recommended.
6. Bismuth is available in Ireland as unlicensed medicines (ULM) – and therefore not routinely stocked in community. Please contact community pharmacy at least 24hrs prior to discharge to arrange supply.
7. Newer generation PPIs, e.g. esomeprazole 40mg, are considered more effective than first generation PPIs.

Antibiotic regimens for <i>Helicobacter pylori</i> Eradication			
1 st Line Helicobacter pylori eradication	1 st Line Triple Therapy	Penicillin allergy	
		Alternative 1 st Line Quadruple Therapy if: <ul style="list-style-type: none"> • Allergy to first line antibiotic(s) • Prior exposure to clarithromycin (in the past 12 months) 	
	Amoxicillin PO 1g every 12 hours + Clarithromycin PO 500mg every 12 hours + Esomeprazole PO 40mg every 12 hours	Metronidazole PO 400mg every 8 hours + Doxycycline PO 100mg every 12 hours + Bismuth ¹ (brands include Gastrodenol [®] or DeNol [®]) PO 120mg every 6 hours (unlicensed) + Esomeprazole PO 40mg every 12 hours	Duration: 14 days
2 nd line Helicobacter pylori eradication - if still infected after 1 st line therapy Discuss with gastroenterology	2 nd Line Triple Therapy	Second-line therapy depends on the first-line therapy and should not be the same treatment. Please discuss options with gastroenterology.	
	Potential options include: 2 nd line Therapy	Alternative 2 nd line therapy <ul style="list-style-type: none"> • IF patient has received Clarithromycin in the past 12 months 	
		NO Penicillin allergy	Penicillin allergy
	Clarithromycin PO 500mg every 12 hours + Metronidazole PO 400mg every 12 hours + Esomeprazole PO 40mg every 12 hours	Levofloxacin PO 250mg every 12 hours + Amoxicillin PO 1g every 12hours + Esomeprazole PO 40mg every 12 hours	Metronidazole PO 400mg every 8 hours + Doxycycline PO 100mg every 12 hours + Bismuth ¹ (brands include Gastrodenol [®] or DeNol [®]) PO 120mg every 6 hours (unlicensed) + Esomeprazole PO 40mg every 12 hours
¹ Bismuth is available in Ireland as an unlicensed medicine. As it is unlicensed it will not be routinely stocked in community pharmacies. Please contact the community pharmacy at least 24 hours prior to discharge to arrange supply. Whilst inpatient brand of Bismuth stocked is <i>Gastrodenol</i> [®] .			

References:

1. Irish H. pylori Working Group [European Journal of Gastroenterology & Hepatology: 2017;29\(5\):552–559](#)
2. [NICE Guideline Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management](#) Clinical Guidelines [CG184] Published: 03 September 2014 Last updated October 2018
3. [BNF online](#) (Accessed Feb 2024) [Treatment summary: Helicobacter pylori infection](#)
4. HSE.ie, Antibiotic Prescribing, Helicobacter pylori, December 2020 (with minor update November 2023) <https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/gastro/helicobacter-pylori/> (Accessed Feb 2024)
5. Management of Helicobacter pylori infection: the Maastricht VI/Florence consensus report. Malfertheiner P, et al. Gut 2022;71:1724–1762. doi:10.1136/gutjnl-2022-327745 Management of Helicobacter pylori infection: the Maastricht VI/Florence consensus report (bmj.com)