



Working Group consensus for the diagnosis and treatment of *Helicobacter pylori* infection in adult patients in Ireland

Sinéad M. Smitha, *, Breida Boyleb, Martin Buckleyc, Conor Costigana,d, Maeve Doylee, Richard Farrellf, M. Syafiq Ismailg, David Kevansah, Sean Nugenti, Anthony O'Connora,d, Colm O'Morainaa, Vikrant Pariharj, Cristin Ryank and Deirdre McNamaraa,d, *

Background There has been an increase in resistance to many of the antimicrobials used to treat *Helicobacter pylori* (*H.pylori*) nationally and internationally. Primary clarithromycin resistance and dual clarithromycin and metronidazole resistance are high in Ireland. These trends call for an evaluation of best-practice management strategies.

Objective The objective of this study was to revise the recommendations for the management of *H. pylori* infection in adult patients in the Irish healthcare setting.

Methods The Irish *H. pylori* working group (IHPWG) was established in 2016 and reconvened in 2023 to evaluate the most up-to-date literature on *H. pylori* diagnosis, eradication rates and antimicrobial resistance. The 'GRADE' approach was then used to rate the quality of available evidence and grade the resulting recommendations.

Results The Irish *H. pylori* working group agreed on 14 consensus statements. Key recommendations include (1) routine antimicrobial susceptibility testing to guide therapy is no longer recommended other than for clarithromycin susceptibility testing for first-line treatment (statements 6 and 9), (2) clarithromycin triple therapy should only be prescribed as first-line therapy in cases where clarithromycin susceptibility has been confirmed (statement 9), (3) bismuth quadruple therapy (proton pump inhibitor, bismuth, metronidazole, tetracycline) is the recommended first-line therapy if clarithromycin resistance is unknown or confirmed (statement 10), (4) bismuth quadruple therapy with a proton pump inhibitor, levofloxacin and amoxicillin is the recommended second-line treatment (statement 11) and (5) rifabutin amoxicillin triple therapy is the recommend rescue therapy (statement 12).

Conclusion These recommendations are intended to provide the most relevant current best-practice guidelines for the management of *H. pylori* infection in adults in Ireland. Eur J Gastroenterol Hepatol XXX: XXXX-XXXX

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