

Management of *Helicobacter pylori* infection

First-line treatment

Amoxicillin, clarithromycin and PPI for 7 days (success rates 85–90%). For patients hypersensitive to penicillin, metronidazole may be substituted for amoxicillin (success rates 80%; pre-treatment clarithromycin or metronidazole resistance reduces the efficacy of this regimen).

Test of cure

UBT, Faecal antigen test; (serology not recommended).

Second-line treatment

Options include:

Quadruple therapy Bismuth (SAS), PPI, metronidazole and tetracycline for 7–14 days (success rates 80–85%)

Rifabutin based therapy PPI, amoxicillin and rifabutin for 10 days (success rates 65–80%).

Levofloxacin based therapy PPI, amoxicillin and levofloxacin for 10 days (success rate > 85%).

Culture based This can be considered after first-line treatment failure, to identify the minority of patients who have a primary metronidazole-sensitive organism. Use PPI, amoxicillin and metronidazole for 7-14 days.

Test of cure

UBT, Faecal antigen test; (serology not recommended).

Third-line treatment

Specialist advice recommended. Endoscopy, culture and antibiotic susceptibility testing may be indicated. Alternative agents include: furazolidone (SAS), fluoroquinolones, nitazoxanide (SAS), and nitrofurantoin.

Notes

Metronidazole can be replaced by tinidazole.

PPI = Proton Pump Inhibitor

UBT = Urea Breath Test

SAS = Special Access Scheme

Special Access Scheme (SAS)

Telephone: (02) 6232 8111

Facsimile: (02) 6232 8112

References

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