Management of active *Helicobacter pylori* infection

Are any of the following present?

- Prior exposure to macrolides – any reason
- Local clarithromycin resistance rates > 15%
- Known clarithromycin resistance

Yes

- PAMC
- If fails - PAMC
- PBMT
- If fails - PBMT
- PAR
- If fails - PAR

No

- PMC (penicillin allergy)
- If fails - PMC
- PBMT
- If fails - PBMT
- PAR
- If fails - PAR

If fails

- Biopsy
  - Culture & sensitivity
- Treatment based on sensitivity

Treatment assessment:

**Test:**  Urea Breath Test (UBT) or Faecal Antigen Test (FAT)

**Biopsy:** Gastric/duodenal biopsy and culture if not already done

**PBMT:** PPI + Bismuth\(^*\) + Metronidazole + Tetracycline\(^*\)

**PAMC:** PPI + Amoxicillin + Metronidazole + Clarithromycin

**PMC:** PPI + Metronidazole + Clarithromycin

**PAC:** PPI + Amoxicillin + Clarithromycin

**PAL:** PPI + Amoxicillin + Levofloxacin\(^*\)

**PAR:** PPI + Amoxicillin + Rifabutin\(^*\)

\(^*\) Where antibiotics are not available through the Pharmaceutical Benefits Scheme, they can be accessed via the Special Access Scheme, Therapeutic Goods Association (TGA).

\(^*\) Doxycycline can be substituted for T

\(^*\) Moxifloxacin can be substituted for L

Note: the duration of therapy recommended has generally been increased to 14 days.