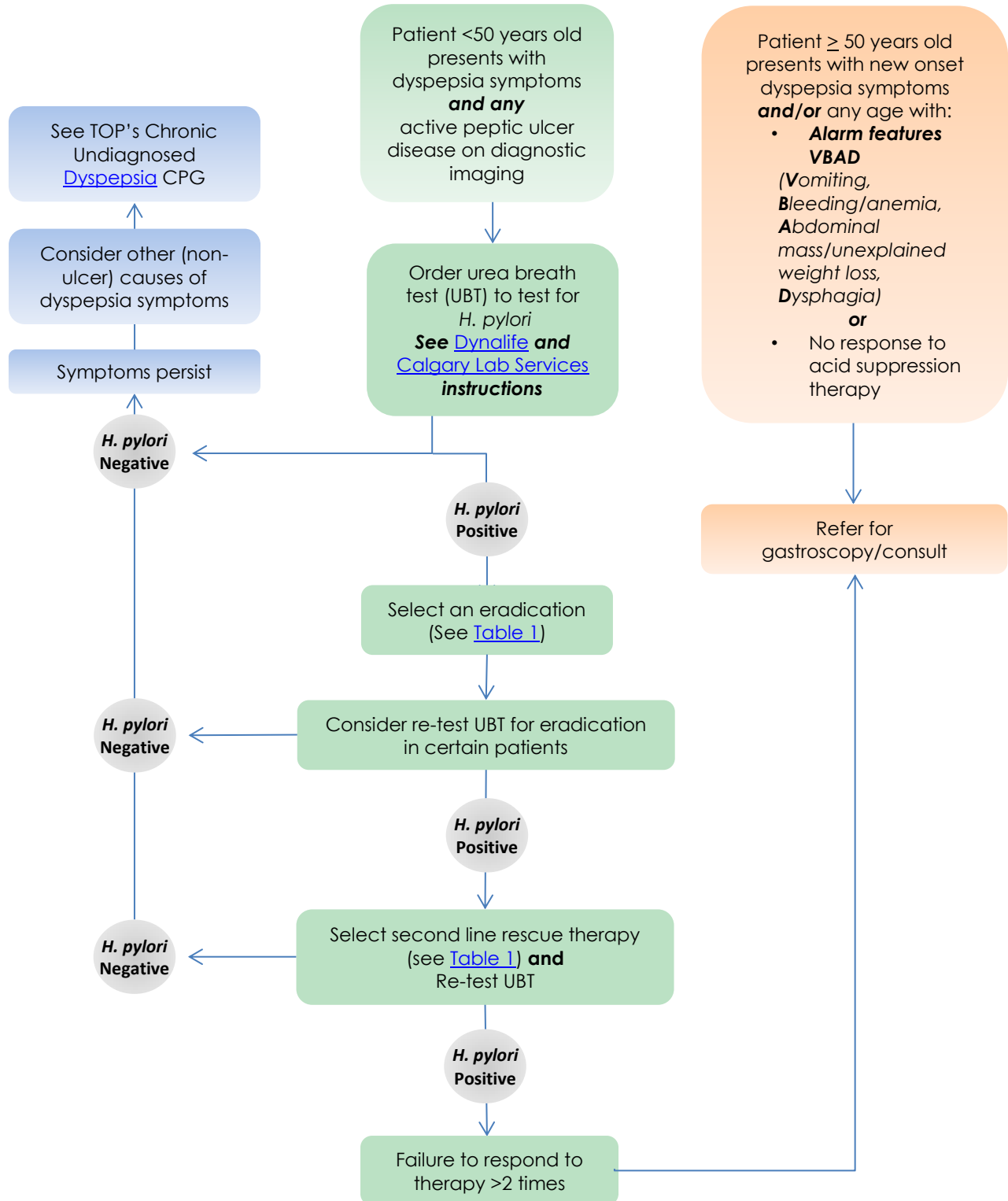


DIAGNOSIS AND TREATMENT OF *HELICOBACTER pylori* IN ADULTS*

*Excluding pregnant or breastfeeding women



POSSIBLE <i>H. pylori</i> ERADICATION REGIMENS (PATIENTS NOT ALLERGIC TO PENICILLIN)		
Options for first line treatment	Notes: Efficacy	Notes: Ease of use/cost
<u>CLAMET Quadruple Regimen x 14 days</u> 1. PPI* (1 tablet) two times a day 2. Amoxicillin (1 g) two times a day 3. Clarithromycin (500 mg) two times a day 4. Metronidazole (500 mg) two times a day	Recommended first line therapy by Canadian expert consensus. ¹ Potentially greater adverse events compared to other therapies. ²	Less complicated and fewer tablets than other first line regimens.
<u>Bismuth Quadruple Regimen x 14 days</u> 1. PPI (1 tablet) two times a day 2. Bismuth subsalicylate (Pepto Bismol®) (2 tablets) four times a day 3. Metronidazole (500 mg) four times a day 4. Tetracycline (500 mg) four times a day	Recommended as alternate first line by Canadian expert consensus. ¹	More complicated and most tablets to be taken: 308 tablets.
<u>Sequential Therapy x 14 days</u> PPI bid 1-14 days Amoxicillin (1 g) two times a day for 1-7 days then Clarithromycin (500 mg) and Metronidazole (500 mg) two times a day 7-14 days	No longer recommended by Canadian expert consensus. ¹	
<u>Standard Triple Therapy (PAC) x 14 days</u> 1. PPI two times a day 2. Amoxicillin (1 g) two times a day 3. Clarithromycin (250 mg) two times a day or Metronidazole (500 mg) two times a day	No longer recommend by Canadian expert consensus. ¹	Easier regimen, option if local clarithromycin resistance is known to be <15% but current resistance rates throughout Alberta are not available at this time.
Second line treatment – rescue therapy for failed first line		
<input checked="" type="checkbox"/> Use an alternate first line therapy	See above.	See above.
Option for third line treatment – if second line treatment failure (no amoxicillin allergy) and consider referral to Gastroenterology x 14 days		
1. PPI (1 tablet) two times a day 2. Amoxicillin (1 g) two times a day 3. Levofloxacin (250 mg) two times a day	Only for failed second treatment Side effects	
TREATMENT OPTIONS (PENICILLIN ALLERGIC OPTIONS)		
First line treatment (Amoxicillin allergy)		
<u>Bismuth Quadruple Regimen x 14 days</u> 1. PPI (1 tablet) two times a day 2. Bismuth subsalicylate (Pepto Bismol®) (2 tablets) four times a day 3. Metronidazole (500 mg) four times a day 4. Tetracycline (500 mg) four times a day	Recommended expert consensus for first line (amoxicillin allergy). As above.	As above.
<u>Modified Triple Therapy (PCM) x 14 days</u> 1. Pantoprazole 40 mg two times a day 2. Clarithromycin (500 mg) two times a day 3. Metronidazole (500 mg) two times a day	Less effective than first line treatment	Less complicated (compared with other regimens) May be lower cost for patient.

Table 1: Options for Treatment

*proton pump inhibitor (PPI)