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<th><strong>Title</strong></th>
<th>Latest development in the management of acid-related diseases</th>
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<td><strong>Author(s)</strong></td>
<td>Wong, BCY</td>
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<tr>
<td><strong>Citation</strong></td>
<td>HKMA CME Bulletin, 2001, v. Dec, p. 22-23</td>
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<tr>
<td><strong>Issued Date</strong></td>
<td>2001</td>
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<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10722/45123">http://hdl.handle.net/10722/45123</a></td>
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1. Dyspepsia management

For primary care of un-investigated recent onset dyspepsia, there are three main approaches:

1. Refer for upper endoscopy
2. Test for H. pylori with non-invasive tests and treat if positive
3. Empirical treatment with prokinetics or proton-pump inhibitors or H₂-antagonists.

Many studies have been performed to look at the results among these groups.

2. Gastric cancer

Incidence and mortality of gastric cancer in most parts of Asia remain high.

1. There is definite link between H. pylori infection and gastric cancer. Therefore H. pylori carriers are at risk for gastric cancer.
2. If a subject has premalignant lesions (gastric atrophy, intestinal metaplasia), the eradication of H. pylori reverses the lesions in about 20-30% of subjects only.
3. For subjects without premalignant lesions, there is no data yet to answer whether eradication of H. pylori will reduce the risk of gastric cancer in future.

3. Helicobacter pylori infection

Prevalence

About half of the population in Hong Kong is infected with Helicobacter pylori. Although H. pylori is associated with a few GI and extra-GI diseases, majority of the carriers will not have any disease manifestation throughout their life.
Choice of tests:
1. Does the patient require an upper endoscopy?
2. First time test or post-treatment? If post-treatment, wait for 4 weeks after stopping all drugs. Breath test, histology and culture are best choices.
3. Blood test or any antibody test must NOT be used for post-treatment.
4. Test results affected by recent (usually 2-4 weeks) intake of proton-pump inhibitor, antibiotics, bismuth compounds.

Treatment

It is important to confirm diagnosis before treatment.
It is also important to use the appropriate treatment regime.

Treatment regime recommended by Asian Pacific Consensus on Management of *H. pylori*.
1. Proton pump inhibitor (standard dose) + clarithromycin 500 mg + amoxicillin 1 gm
2. Proton pump inhibitor (standard dose) + clarithromycin 500 mg + metronidazole 400 mg
3. Ranitidine bismuth citrate (RBC) 400 mg + clarithromycin 500 mg + amoxicillin 1 gm
4. Ranitidine bismuth citrate (RBC) 400 mg + clarithromycin 500 mg + metronidazole 400 mg ALL TWICE DAILY FOR 7 Days

If clarithromycin not available, switch to amoxicillin and metronidazole. The eradication rate is around 10% lower than with clarithromycin.

Eradication rate affected by antibiotic resistance. In Hong Kong, metronidazole resistance found in 49.4% and clarithromycin resistance found in 10.8%. Dual resistance found in 7%.

Other important points:
1. Non-ulcer dyspepsia — the symptom may not respond to *H. pylori* eradication.
2. Symptoms recur after *Hp* eradication — look for ulcer relapse, reinfection of *Hp*, Gastroesophageal reflux disease (GERD), functional dyspepsia, or irritable bowel syndrome.
3. Not all patients with pain or dyspepsia is due to *Hp* infection.
4. Not all *Hp* carriers will benefit from *Hp* eradication.