

# Recommendations updated for *H. pylori* treatment in adults

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(HealthDay)—Recommendations have been updated for treatment of

*Helicobacter pylori* in adults, according to a consensus statement published in the July issue of *Gastroenterology*.

Carlo A. Fallone, M.D., from the McGill University Health Centre in Montreal, and colleagues conducted a systematic literature review and developed specific, updated recommendations for eradication [therapy](#) in adults with *H. pylori* infection.

The researchers strongly recommend that all *H. pylori* regimens should be given for 14 days because of the increasing failure of therapy. Concomitant nonbismuth quadruple therapy ([proton pump inhibitor](#) [PPI] + amoxicillin + metronidazole + clarithromycin [PAMC]) and traditional bismuth quadruple therapy (PPI + bismuth + metronidazole + tetracycline [PBMT]) were included as recommended first-line strategies. Use of PPI triple therapy (PPI + clarithromycin + amoxicillin or metronidazole) should be limited to regions with low resistance to clarithromycin or high eradication success with these regimens. PBMT and levofloxacin-containing therapy were included as recommended rescue therapies. Rifabutin therapy should be used only for patients who have failed to respond to three or more previous [treatment](#) regimens.

"Optimal treatment of *H. pylori* infection requires careful attention to local antibiotic resistance and eradication patterns," the authors write.

"The quadruple therapies PAMC or PBMT should play a more prominent role in eradication of *H. pylori* infection, and all treatments should be given for 14 days."

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract](#)  
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