

Don't Let H. Pylori Infection Ruin Your Life - Get it Checked Now!

In a previous article (Gastroesophageal Reflux (GERD)– A Frequent Trigger of Asthma) we discussed how GERD commonly affects 25% of the U.S. population including 2% of children, averaging \$7000 in medical expenses per patient per year, and can present with different symptoms such as chest discomfort or pain (dyspepsia), laryngitis, cough, shortness of breath and chest tightness. Anytime you present to your provider or an emergency room with chest discomfort, pain or difficulty breathing, the conditions that must be considered and evaluated include heart attack, asthma and GERD, among other less common conditions. There is an infection, yes INFECTION, of the stomach that has been proven to cause ulcers, bleeding, and dyspepsia. And 90% of the time, there are no symptoms whatsoever. In the United States the prevalence of this infection can be as high as 52% in some areas, and 30% of patients with heartburn can be infected.

The infection we're speaking about is a bacteria called Helicobacter (Campylobacter) pylori (H. pylori). BJ Marshall was awarded the Nobel Prize for his discovery in 1989 that this bacteria, not stress, coffee, or medicines, caused ulcers with/without bleeding, and if untreated, may increase a person's risk for developing stomach cancer by 6 times. Just as important, the bacteria, which comes from contaminated food or water and multiplies in the stomach lining protected by tissue and mucous, may be silent and cause no symptoms until a patient is discovered to be anemic (low blood count) from an ulcer. GERD and H. pylori are different and hard to tell apart, just like allergies and viral colds, but in many cases (30%), H. pylori may worsen the symptoms of GERD. Furthermore, H. pylori has been known to cause hives and swelling and contribute to sinus infections.

Who should be checked and how do we diagnose patients with H. pylori infection?

Based on current literature, it is reasonable for anyone with dyspepsia, anemia, daily dependence on drugs such as histamine receptor blockers (H2RA) such Zantac

(ranitidine), and proton pump inhibitors (PPI) such Nexium (esomeprazole) and Prilosec (omeprazole) to get tested. Patients who are asymptomatic, have family members or close friends with the condition and wish to be screened, should also be tested. Fortunately, testing is easy and covered by most insurance plans. In our offices, a rapid 20 minute, sensitive and specific Urea Breath Test is performed and used to diagnose an acute infection. The Urea Breath Test is then performed again six weeks later to prove a cure. A patient must be off of antibiotics, PPI drugs, and Pepto Bismol for at least 2 weeks prior to the Urea Breath Test. Other options include a stool sample or blood tests, but results may take up to 2 weeks and may not always be covered by insurance.

Finally, how do we treat *H. pylori*? For those with a positive Urea Breath Test, the literature recommends a triple drug approach for an acute infection and a quadruple drug regimen if initial treatment fails or symptoms persist. The twice-daily combination (available as Prevpac) of amoxicillin, clarithromycin (Biaxin) and omeprazole is used for 2 weeks, or for a penicillin-allergic patient (available as Helidac), tetracycline, metronidazole (Flagyl), and Pepto Bismol twice daily for 2 weeks. If symptoms persist, patients are continued for one additional week on Helidac four times daily in addition to either ranitidine or omeprazole twice daily. Patients perform another Urea Breath Test six weeks later, and if still positive, are referred to a gastroenterologist for upper endoscopy.

We are indeed fortunate to have a simple test to cure a serious and potentially life-threatening condition. Above all, always check with your provider and maintain good preventative health and well being for yourself and your family.