EFFECTIVENESS AND SAFETY OF FIRST-LINE EMPIRICAL NON-BISMUTH CONCOMITANT THERAPY VERSUS SINGLE-CAPSULE BISMUTH QUADRUPLE THERAPIES IN SPAIN: ANALYSIS OF 12,000 PATIENTS FROM THE EUROPEAN REGISTRY ON HELICOBACTER PYLORI MANAGEMENT (HP-EUREG)

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Stomach & H. Pylori

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In a Spanish registry study of 11,720 treatment-naïve H. pylori patients, bismuth-containing quadruple single-capsule therapy achieved higher eradication rates than non-bismuth concomitant therapy.

KEY POINTS

- Bismuth quadruple single-capsule therapy (10 days) achieved 93% mITT eradication effectiveness compared to 88% for 10-day concomitant therapy and 90% for 14-day concomitant therapy (P<0.001).
- Compliance was slightly higher with single-capsule (98%) than concomitant therapy (97% for both durations).
- Adverse effects occurred in 25% of patients on single-capsule or 10-day concomitant therapy, but in 33% on 14-day concomitant therapy (P<0.0001); serious adverse effects were rare (0.1%) in both groups.
- Compliance, presence of ulcer, and central geographical region were associated with greater eradication success, while high-dose versus standard-dose PPI showed no demonstrated benefit.
- This analysis of the Spanish cohort of the European H. pylori Registry (2013-2023) used propensity score matching and multivariate analysis to compare first-line treatments.

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