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Summary

PRESCRIPTION OF FIRST-LINE EMPIRICAL TREATMENTS FOR HELICOBACTER PYLORI INFECTION OUTSIDE EUROPE: RESULTS OF 10,000 CASES FROM THE WORLD-WIDE REGISTRY ON H. PYLORI MANAGEMENT (WORLDHPREG)

Javier P. Gisbert

UEG Week Berlin 2025 | Poster

Stomach & H. Pylori

October 6, 2025

A global registry study of 7,738 first-line H. pylori treatments across non-European countries reveals substantial regional variation in therapeutic approaches and underutilization of quadruple therapies in most regions.

KEY POINTS

- Standard triple therapy with PPIs or P-CABs plus amoxicillin-clarithromycin was the most common regimen (41% overall), particularly dominant in Brazil (87%), India (45%), and Latin America (27%).
- Quadruple non-bismuth concomitant therapy was second most common globally (9%) but showed high regional variation, with predominant use in Canada (77%) and Jordan (30%) but underutilization in most other regions.
- A total of 90 different first-line regimens were prescribed across Latin America, Brazil, Africa, ASEAN, Australia, Canada, Egypt, India, Jordan, Pakistan, and Saudi Arabia, with most treatments lasting 14 days (86%).
- Diagnosis relied mainly on histology (75%), with limited use of non-invasive methods such as 13C-urea breath test (5.8%) and stool antigen test (4.7%).
- The findings highlight the need for region-specific treatment protocols to optimize H. pylori eradication outcomes globally.

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