

PRESCRIPTIONS AND EFFECTIVENESS OF ALTERNATIVE AND INFREQUENT HELICOBACTER PYLORI ERADICATION REGIMENS: INSIGHTS FROM THE EUROPEAN REGISTRY ON H. PYLORI MANAGEMENT (HP-EUREG)

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UEG Week Berlin 2025

Poster

Stomach & H. Pylori

October 6, 2025

Analysis of less frequently prescribed Helicobacter pylori eradication regimens from the European Registry shows that only PPI-clarithromycin-metronidazole-bismuth quadruple therapy and hybrid clarithromycin-amoxicillin-metronidazole regimens achieved first-line eradication rates above 90%, while effectiveness in subsequent treatment lines was highly variable and often suboptimal.

KEY POINTS

- Among 82,510 prescriptions in the Hp-EuReg registry, 260 less frequently prescribed regimens (5.5%) were identified, with 2,853 (63%) used as first-line therapy.
- In first-line treatment, bismuth-containing quadruple therapy with PPI-clarithromycin-metronidazole-bismuth achieved 90.5% per-protocol effectiveness, and hybrid quadruple therapy with clarithromycin-amoxicillin-metronidazole achieved 94.2% per-protocol effectiveness.
- Second-line triple therapy with PPI-amoxicillin-moxifloxacin showed 91.8% effectiveness, while PPI-clarithromycin-levofloxacin and PPI-metronidazole-levofloxacin achieved 76.7% and 75% effectiveness respectively.
- Third-line regimens demonstrated reduced effectiveness, with PPI-metronidazole-doxycycline-bismuth achieving 63.3% per-protocol effectiveness, PPI-clarithromycin-levofloxacin 50%, and PPI-amoxicillin-moxifloxacin 63.3%.
- Antibiotic-free regimens combining PPI with probiotics were prescribed in 104 cases, with PPI plus Lactobacillus bulgaricus achieving 87.3% effectiveness but PPI plus Lactobacillus reuteri only 40.9% effectiveness.

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