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Summary

REAL-WORLD EFFECTIVENESS OF FIRST-LINE HELICOBACTER PYLORI THERAPIES ACROSS EUROPE: A 13-YEAR MULTINATIONAL ANALYSIS OF 68,361 PATIENTS FROM THE EUROPEAN REGISTRY ON H. PYLORI MANAGEMENT (HP-EUREG)

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Gut Microbiota | Stomach & H. Pylori | Mechanisms & Personalised Medicine | Digestive Oncology | Oesophagus

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In a prospective European registry of 68,361 first-line H. pylori treatments from 39 countries (2013–2025), bismuth-based quadruple therapy achieved the highest eradication rates (>90%) with OR 3.76 versus clarithromycin triple therapy, though with higher adverse events (20–25% vs. 13%).

KEY POINTS

- Bismuth quadruple therapy with metronidazole-tetracycline (single-capsule and traditional formats) was significantly more effective than clarithromycin triple therapy (OR=3.76, 95%CI 3.53-4.01), concomitant therapy (OR=2.02, 95%CI 1.91-2.13), and clarithromycin-amoxicillin-bismuth quadruple therapy (OR=2.12, 95%CI 1.99-2.26).
- Quadruple regimens achieved >90% effectiveness but were associated with 20–25% adverse events, while triple therapies had 13% adverse events and <90% effectiveness.
- Adequate compliance (>90% drug intake) was the strongest predictor of eradication success (OR=14.50, 95%CI 13.01-16.16), followed by standard-dose PPI (OR=1.40) or high-dose PPI (OR=1.57), 14-day duration (OR=1.52), and probiotic use (OR=1.46).
- Prescription patterns shifted over the study period: triple therapy decreased from 50% to 24%, while single-capsule bismuth quadruple therapy increased from 2% to 25% in the last five years.
- Triple therapy effectiveness improved from 84% to 97% over time, associated with reduced use of 7-day regimens and low-dose PPI co-therapy.

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