

ROLE OF PROTON PUMP INHIBITORS DOSAGE IN THE EFFECTIVENESS OF HELICOBACTER PYLORI ERADICATION TREATMENTS: RESULTS FROM THE EUROPEAN REGISTRY ON H. PYLORI MANAGEMENT (HP-EUREG)

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UEG Week Copenhagen 2023

Poster

Stomach & H. Pylori

October 15, 2023

Analysis of 36,579 European cases demonstrates that high-dose proton pump inhibitors improve Helicobacter pylori eradication rates in most first- and second-line therapies, with optimal results achieved at approximately 90% or higher.

KEY POINTS

- In first-line treatment, high-dose PPIs (54-128 mg omeprazole equivalent twice daily) achieved optimal eradication rates of approximately 90% or higher with all 10-day or 14-day regimens, while low-dose PPIs were sufficient only for bismuth quadruple therapy with metronidazole and tetracycline.
- In second-line treatment, high-dose PPIs with 14-day levofloxacin and amoxicillin triple therapy achieved 93% eradication, while standard-dose PPIs were sufficient for 14-day bismuth quadruple therapy with metronidazole and tetracycline (96-97% eradication).
- No 7-day therapy achieved optimal cure rates in any treatment line regardless of PPI dose.
- The study analysed data from the European Registry on Helicobacter pylori Management spanning 2013 to 2022 across 5 countries using modified intention-to-treat analysis.
- This material is relevant for gastroenterologists managing H. pylori infection who need evidence-based guidance on PPI dosing strategies for different eradication regimens.

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