

TRENDS IN THE PRESCRIPTION OF EMPIRICAL TREATMENTS AND THEIR EFFECTIVENESS IN NAÏVE PATIENTS OVER 10 YEARS (2013-2022) IN EUROPE: DATA FROM THE EUROPEAN REGISTRY ON THE MANAGEMENT OF HELICOBACTER PYLORI INFECTION (HP-EUREG)

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Poster

Stomach & H. Pylori

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A European registry of 59,689 H. pylori patients from 2013 to 2022 demonstrates a shift from triple therapies to longer-duration quadruple regimens with higher-dose PPIs, accompanied by improved first-line eradication rates from 85% to 93%.

KEY POINTS

- First-line eradication effectiveness improved approximately 10% from 85% in 2013 to 93% in 2022, with improvement especially notable after 2018 and consistent across all European geographic regions.
- Triple therapy prescriptions decreased from over 50% in 2013-2015 to less than 20% in 2020-2022, while three-in-one single-capsule therapy containing metronidazole, tetracycline and bismuth increased from 0-1% in 2014-2015 to 21% in 2020-2022.
- Average treatment duration increased from 9.7 days in 2013 to 13 days in 2022, with 14-day regimens rising from 17.4% to 47.3% and 7-day regimens falling from 27.5% to 9.5%.
- High-dose PPI use increased from 17% in 2013 to 35% in 2022, while low-dose PPI use decreased from 66.6% to 28.6%.
- The authors conclude that European gastroenterological practice adapted to evidence and recommendations by reducing triple therapies and increasing treatment duration and PPI dose, with subsequent progressive improvement in effectiveness.

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