Abstract 49

Title: Are We Following Guidelines for H.Pylori Treatment and Follow-up?

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Background:

According to American College of Gastroenterology (ACG) guidelines, testing for *Helicobacter pylori* (*H. pylori*) should be performed only if the clinician plans to offer treatment for positive results. Eradication confirmatory testing or re-testing should occur at least 4 weeks after the completion of antibiotic therapy and after proton-pump inhibitor therapy has been withheld for 1–2 weeks. Our aim is to evaluate if our clinic follows the guidelines for testing, retesting and treatment of patients with *H. pylori*.

Methods:

A retrospective chart review of patients with diagnoses of dyspepsia or gastroesophageal reflux disease (GERD) who were seen in our clinic from January 1, 2020 to December 31, 2020 was performed. We identified the frequency of screening for *H. pylori*, retesting and the mode of testing.

Results:

A total of 124 patients were diagnosed with GERD or dyspepsia. Sixty percent (75/124) were tested for *H. pylori*; 73% (54/74) by endoscopy and 27% (20/74) by stool antigen. Thirty percent (22/74) tested positive for *H. Pylori* and 100% of those patients were treated. Eradication confirmatory testing rate was 78% (18/22). The majority of retesting was performed by stool antigen (67%; 12/18). Twenty-two percent (4/18) were re-tested by endoscopy and 11% (2/18) were re-tested by urea breath test. Seventeen percent (3/18) of patients who were retested were found to be positive.

Conclusions:

In 2000, Everhart et al found 32.5% in their cohort were seropositive for *H. pylori*², which was consistent with our findings. Our clinic follows ACG guidelines for initial testing and treatment, but eradication confirmatory testing rate was identified as an area of improvement. Endoscopy was the preferred mode of initial testing; however, stool antigen and urea breath test may be a more cost effective alternative and a more patient-friendly way of both initial and re-testing.

Key Words: H. Pylori, GERD, Dyspepsia

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