



Goodfellow Gems are chosen by Goodfellow Director, Bruce Arroll to be either practice changing or thought provoking. You are being mailed these as you are a member of the Goodfellow learning community.

7 key H pylori points from the Maastricht V/Florence Consensus Report 2016¹

1. All patients who are H. pylori positive should be treated even if asymptomatic.
2. H. pylori eradication reduces but does not eliminate the risk of bleeding for those on NSAIDs, cox2 inhibitors or even low-dose aspirin after a peptic ulcer bleeding event, and that PPI co-therapy seems still necessary to reduce further the risk of upper GI bleeding.
3. Eradication of H. pylori heals gastritis in long-term PPI users irrespective of the continuation of acid suppressive drug.
4. Urea Breath Test (In NZ the stool antigen test is the recommended one) is a valid and reliable test in the assessment of H. pylori eradication in the post-treatment evaluation.
5. Eradication of H. pylori cures gastritis.
6. Metronidazole resistance and clarithromycin resistance issues require local guidance.
7. In areas of low clarithromycin resistance, triple therapy is recommended as first-line empirical treatment. Bismuth-containing quadruple therapy is an alternative.

This Gem has been checked by Dr Alan Fraser, Gastroenterologist, Mercy Specialist Centre.

References:

Malfertheiner, P et al. Management of Helicobacter pylori infection - the Maastricht V/Florence Consensus Report 2016. [Click here](#)

[Register for the next Goodfellow WEBINAR](#) Tuesday 15 August, 7.30pm with Associate Professor David Menkes, who will use a case-based approach to review the use of antipsychotics in primary care.

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