
ALL YOU NEED TO KNOW ABOUT

HELICOBACTER PYLORI



FUNDING RESEARCH
INTO DISEASES
OF THE GUT, LIVER
& PANCREAS



THIS FACTSHEET IS ABOUT HELICOBACTER PYLORI

Helicobacter pylori (H. pylori) are bacteria, a type of germ, which lives in the sticky mucus that lines the stomach. About 40% of people in the UK have H. pylori in their stomach so it is very common and in the approximately eight to nine out of ten people who have it, does not cause any problems.

However about 15% of people with the condition get ulcers either in the stomach (gastric ulcer) or in the duodenum (duodenal ulcer). Although ulcers tend to cause indigestion, occasionally they become much more serious as they can bleed or even burst (perforate) which happens if the ulcer burrows deep enough into the stomach lining to make a hole. People with ulcers should therefore be treated with the aim of getting rid of H. pylori.

Because there are millions of people who have both H. pylori and severe indigestion, it can be tempting to draw the conclusion that one leads to the other. However indigestion is very common and there are many other reasons from suffering from it other than ulcers. The vast majority of people suffering from indigestion will not have ulcers. Also H. pylori was only discovered in 1983 so there is still a lot to learn about it.

Contents

CAUSES OF HELICOBACTER PYLORI	Page 4
WHAT ARE THE USUAL SYMPTOMS OF HELICOBACTER PYLORI?	Page 4
HOW IS HELICOBACTER PYLORI DIAGNOSED?	Page 4
IF YOU HAVE INDIGESTION BUT NEITHER YOU NOR YOUR DOCTOR KNOW IF YOU HAVE AN ULCER	Page 5
HOW IS HELICOBACTER PYLORI TREATED?	Page 5
FURTHER INVESTIGATIONS	Page 6
HOW MIGHT HELICOBACTER PYLORI AFFECT ME OVER TIME?	Page 6
DOES HELICOBACTER PYLORI NEED TO BE MONITORED AND IF SO, HOW?	Page 7

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Infection

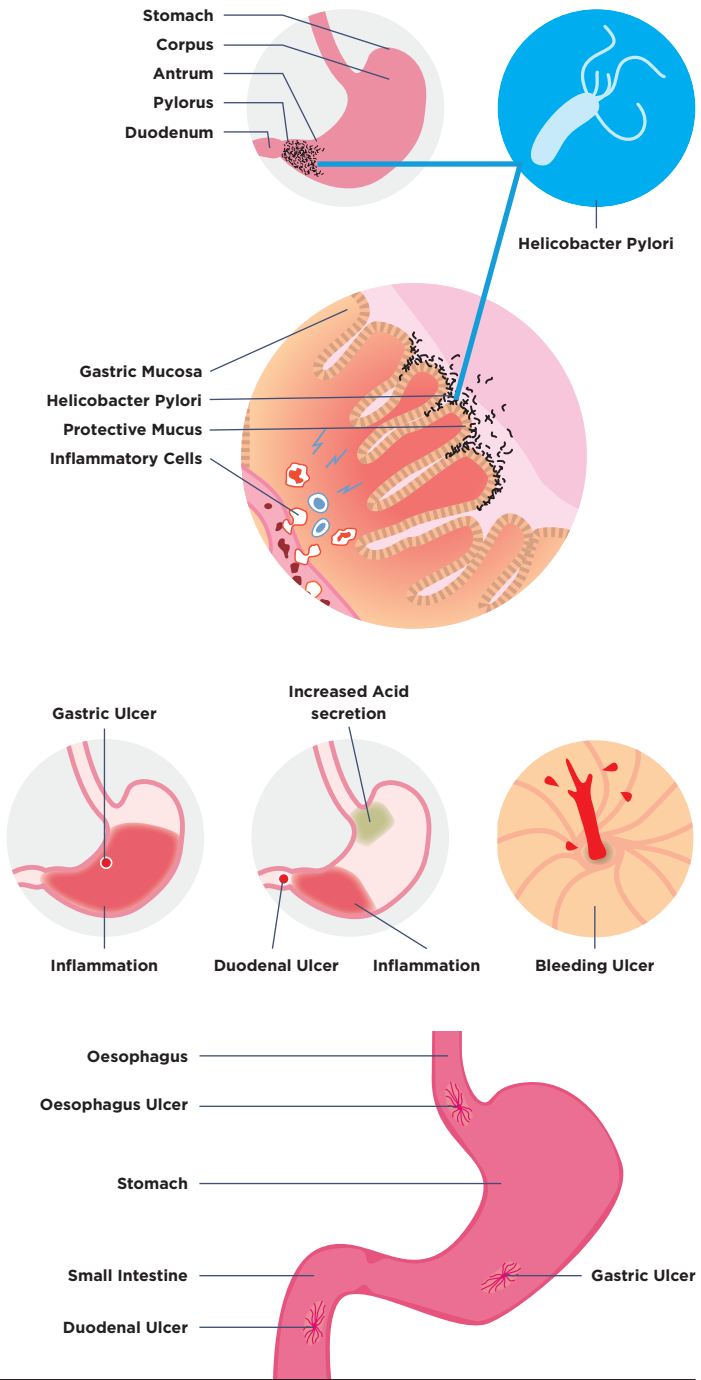
H. pylori infects the lower part of the stomach (the antrum).

Inflammation

H. pylori causes inflammation of the gastric mucosa (gastritis). This often does not cause symptoms (asymptomatic).

Ulcer

Gastric inflammation may lead to duodenal or gastric ulcer. Severe complications include bleeding ulcer and perforated ulcer.



CAUSES OF HELICOBACTER PYLORI

It is not clear exactly how *H. pylori* is passed from one person to another, and why only some people with the infection go on to develop ulcers.

People who do have *H. pylori* almost always catch it in childhood, probably from other children. It usually stays in the stomach throughout their lifetime unless it is treated with specific antibiotics. *H. pylori* is actually becoming less common and nowadays it is unusual for children to catch it, even if someone else in the family has it. People living in the UK today who have *H. pylori* are unlikely to pass it on and do not need to take any special measures to avoid giving it to others.

WHAT ARE THE USUAL SYMPTOMS OF HELICOBACTER PYLORI?

Severe ongoing indigestion that does not respond to over the counter or other medication.

HOW IS HELICOBACTER PYLORI DIAGNOSED?

The easiest way is through a blood test. This is useful for finding out whether a person has *H. pylori* but the downside is that the test stays positive even if a previous *H. pylori* infection has been treated and got rid of. This means that although it can tell us whether you have *H. pylori*, the blood test cannot tell us whether a course of treatment has cleared the infection.

Another simple technique involves a breath test. For this you are given a drink containing a substance called urea. Whether or not *H. pylori* is present in the stomach can be detected by collecting a sample of your breath a short time after drinking the drink. This test is used to find out whether treatment has been successful although it needs to be done at least one month after the course of treatment has finished.

Stool tests for *H. pylori* are also now widely used and as accurate as breath tests. These involve analysing a small portion of stool for *H. pylori* proteins and can be used to confirm that infection has been cleared after treatment.

Doctors can also test for *H. pylori* while patients are having an endoscopy. A very small piece of the lining of the stomach (a biopsy) is sent to the laboratory for a number of different tests to check whether or not *H. pylori* is present in the stomach.

All tests for *H. pylori*, except the blood test, may be quite inaccurate if people have had a recent course of antibiotics for any reason, or have taken some of the other drugs which are used to treat ulcers. Your doctor will

certainly ensure that you do not have a test for *H. pylori* if other medicines you might have taken recently would give a misleading result.

Before we knew about *H. pylori*, ulcers did heal up with acid-reducing drugs only to return when the treatment was stopped. We now know that treating *H. pylori* not only helps ulcers to heal but, more importantly, it greatly reduces the risk of ulcer recurrence and all doctors are agreed that patients with *H. pylori* should have treatment for the infection if they have, or ever have had, an ulcer.

Although *H. pylori* is the cause of most ulcers, others may occur as a result of regular use of certain pain killers such as aspirin or ibuprofen as well as many drugs prescribed for other conditions. This is why you should always ask your doctor whether any prescribed drugs you are taking may have an effect on your stomach.

IF YOU HAVE INDIGESTION BUT NEITHER YOU NOR YOUR DOCTOR KNOW IF YOU HAVE AN ULCER

Until recently most people with severe indigestion often had an endoscopy (an examination of the stomach with a small tube and camera) to look for an ulcer. However nowadays, instead of sending a patient straight to endoscopy, most doctors will check first to see if they have *H. pylori* and if so, treat it with antibiotics. Generally, if the patient has actually had an ulcer, we know that treating *H. pylori* is likely to prove successful but other cases where the condition has not actually caused an ulcer, there may be no improvement. It is fair to say that only an endoscopy can confirm whether you have an ulcer. In addition, people with indigestion who also have worrying symptoms such as weight loss, persistent vomiting or trouble in swallowing still need to have an endoscopy to rule out other conditions.

HOW IS *HELICOBACTER PYLORI* TREATED?

Treatment consists of a one-week course of three different tablets, two of which are antibiotics whilst the third is a tablet to cut down the amount of acid in your stomach. These are all taken together twice a day. Your doctor will ask you whether you are allergic to any particular antibiotics before treatment is started, and if so, an alternative, equally successful treatment can be given.

Most people experience no side-effects from treatment but some notice minor problems such as a strange taste in the mouth, a feeling of sickness, diarrhoea or perhaps a headache. With one particular antibiotic that is often used, you should avoid alcohol. Treatment is much more successful if

the whole course of tablets is taken exactly as prescribed and your doctor will encourage you to continue to take the tablets unless the side effects become unpleasant. If you do not complete the course of treatment, not only will the treatment be less successful, but the bacteria may become resistant to the antibiotics, so they will not work if given again. Even when treatment has been successful in clearing the condition, sometimes symptoms take a little while to settle down. If the treatment is shown to be unsuccessful in clearing *H. pylori*, it is possible to have further courses of therapy with different antibiotics.

FURTHER INVESTIGATIONS

Until recently most people with severe indigestion often had an endoscopy (an examination of the stomach with a small tube and camera) to look for an ulcer. However nowadays, instead of sending a patient straight to endoscopy, most doctors will check first to see if they have *H. pylori* and, if so, treat it with antibiotics.

However if there is no ulcer but the patient is suffering from both indigestion and *H. pylori* infection, there is a less than 10% chance that antibiotics will help the symptoms. As a result, many doctors consider the disadvantages of taking a course of antibiotics, with the resultant side effects, are just not worth the likelihood of it helping your condition. However, there are doctors who would recommend treating *H. pylori* even without an ulcer being present. They do this in the hope of making a small number of such people feel better.

Gastroscopy: this involves passing a thin, flexible tube through the mouth and down into your oesophagus, stomach and start of small intestine. The endoscopist will be looking for signs of inflammation. It is usually carried out as an outpatient and takes less than 15 minutes. You can choose to have a local anaesthetic throat spray and/or sedative. The endoscopist can guide you in this decision. The procedure is not painful, but it may be uncomfortable at times.

HOW MIGHT HELICOBACTER PYLORI AFFECT ME OVER TIME?

Treatment for the condition is usually very successful but sometimes symptoms take a little while to settle down. If the treatment is shown to be unsuccessful in clearing *H. pylori*, it is possible to have further courses of therapy with different antibiotics.

We now know that treating H. pylori not only helps ulcers to heal but, more importantly, it greatly reduces the risk of ulcer recurrence and all doctors are agreed that patients with H. pylori should have treatment for the infection if they have, or ever have had, an ulcer.

It is important to remember that although the condition is the cause of most ulcers, others may occur as a result of regular use of certain painkillers, such as aspirin or ibuprofen, as well as many drugs prescribed for other conditions. This is why you should always ask your doctor whether any prescribed drugs you are taking may have an effect on your stomach.

DOES HELICOBACTER PYLORI NEED TO BE MONITORED AND IF SO, HOW?

We do not know how H. pylori increases the risk of stomach cancer or which people with the infection are at greater risk. A better understanding of this may help us to work out how this cancer arises and might just tell us more about cancer formation more generally.

WHAT TO ASK YOUR DOCTOR?

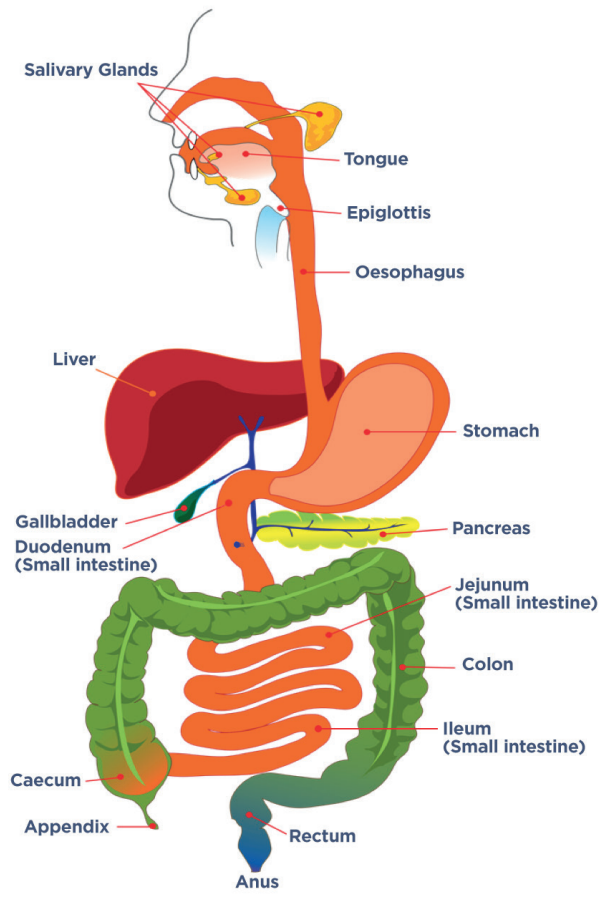
- Do I need an gastroscopy to confirm whether or not I have an ulcer?
- Could my ulcer be caused by something other than Helicobacter pylori?
- Do I need further monitoring after treatment?
- Should I be monitored for stomach cancer?

For more information about research in this area please contact Guts UK.

gutscharity.org.uk | 020 7486 0341 | info@gutscharity.org.uk



OUR DIGESTIVE SYSTEM



MY NOTES

Can you support Guts UK charity?
Whatever you do already, do it for
Guts UK charity. The more we all
know about our digestive system,
the better we can look after it.



Fancy making us a knitted guts
set for education purposes?
Contact us for a pattern



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About Guts UK

Guts UK's vision is of a world where digestive disorders are better understood, better treated and everyone who lives with one gets the support they need.

Our mission as Guts UK is to provide expert information, raise public awareness of digestive health and transform the landscape for research into our digestive system to help people affected by diseases of the gut, liver and pancreas.

WE ARE PASSIONATE ABOUT OUR GUTS. COME ON BOARD AND JOIN US.

This charity was set up to change something – to increase the levels of research into diseases of the gut, liver and pancreas so no one suffers in silence or alone. Since 1971 we have funded almost 300 projects and invested £14 million into medical research that leads to better diagnoses and treatments for the millions of people who are affected by digestive diseases and conditions.

But we still have much more to do.

Will you support Guts UK?

Give a donation today and play your part in the next vital research that will change things for future generations of people affected by the frustration and misery of digestive disease.

Together we can make more important change happen. Vital answers, new treatments and hope.



FIND OUT MORE
visit gutscharity.org.uk

gUTS UK!

FUNDING RESEARCH INTO DISEASES
OF THE GUT, LIVER AND PANCREAS

TURN OVER FOR
DONATION FORM



DONATION FORM

You can donate by filling in the form below and sending it to **Freepost RTJK-YYUL-XXSZ, Guts UK, London NW1 4LB**, online at **gutscharity.org.uk**, by calling us on **020 7486 0341** or by texting **GUTS18** and your donation amount to **70070**

DONATING IS EASY

- 1** Choose whether you want to make a one-off donation, or make regular donations.
- 2** Enter your details in the form below.
- 3** Send this form, via Freepost to us or call us to take payment.

YOUR DETAILS

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Tel	<input type="text"/>	Email	<input type="text"/>

MAKE A ONE-OFF DONATION

Card no	<input type="text"/>	Expiry	<input type="text"/> / <input type="text"/>	Sec code	<input type="text"/>
Address (if different from above)	<input type="text"/>				
	<input type="text"/>				
Please call me on	<input type="text"/>	to take my details	<input type="checkbox"/>		

I would like to support GUTS UK with a donation of

£5 ☐ £10 ☐ £25 ☐ £50 ☐ £100 ☐ £500 ☐ Other

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Name and address of your Bank or Building society Branch name: <input type="text"/>	Instruction to your Bank or Building Society Please pay Guts UK Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with GUTS UK and, if so, details will be passed electronically to my Bank/Building Society.
Address: <input type="text"/>	Signature(s) <input type="text"/>
Postcode: <input type="text"/>	Date <input type="text"/>
Contact number <input type="text"/>	Payment date (not 31st) <input type="text"/>
	Amount <input type="text"/>

Note:
Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

giftaid it **Please turn every £10 you donate into £12.50 - at no extra cost to you!**
I am happy for all gifts of money that I have made to Guts UK charity (Core) in the last four years and all future gifts of money that I make to be Gift Aid donations. I am a UK taxpayer and understand that if I pay less Tax & Capital Gains Tax in that tax year than the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference. Guts UK charity claims 25p for every £1 you donate from the tax you pay for the current tax year. *If your circumstances, name or address change, please do let us know.*

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