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.

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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.

[website] gutscharity.org.uk | 020 7486 0341 | info@gutscharity.org.uk
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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.

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Will you support Guts UK?

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

FIND OUT MORE
visit gutscharity.org.uk

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