



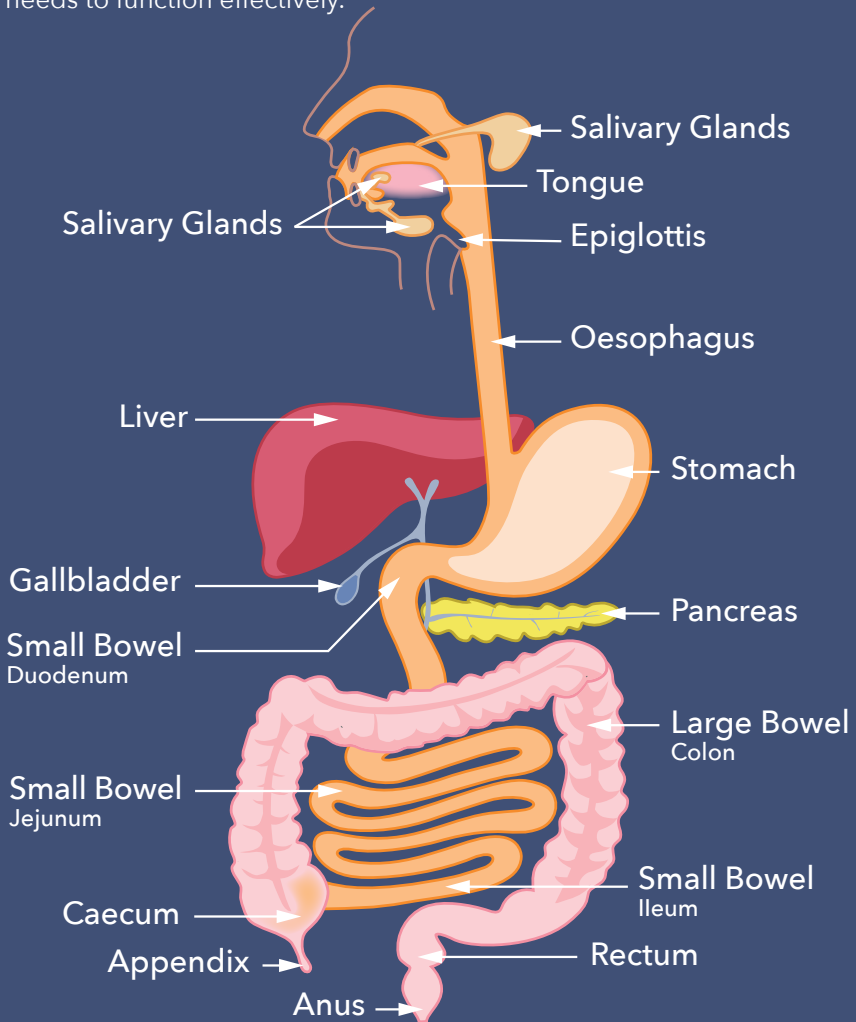
All you need
to know about

HELICOBACTER PYLORI



Our Digestive System

The Digestive System runs from the mouth to the anus and includes the stomach, the large and small bowels (intestines) and a number of accessory organs. The role of the digestive system is to turn food and liquid into the building blocks that the body needs to function effectively.



This leaflet was published by Guts UK charity in 2022 and will be reviewed in 2024. The leaflet was written by Guts UK and reviewed by experts in *Helicobacter Pylori* and has been subject to both lay and professional review. All content in this leaflet is for information only. The information in this leaflet is not a substitute for professional medical care by a qualified doctor or other healthcare professional. ALWAYS check with your doctor if you have any concerns about your health, medical condition or treatment. The publishers are not responsible or liable, directly or indirectly, for any form of damages whatsoever resulting from the use (or misuse) of information contained or implied in this leaflet. Please contact Guts UK if you believe any information in this leaflet is in error.



This booklet 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 2 in 5 people in the UK have *Helicobacter pylori* in their stomach so it is very common.

Overview



Helicobacter pylori (*H. pylori*) does not cause any problems for 8 to 9 out of 10 people. However about 3 in 20 people get ulcers either in the stomach (gastric ulcer) or in the duodenum (duodenal ulcer).

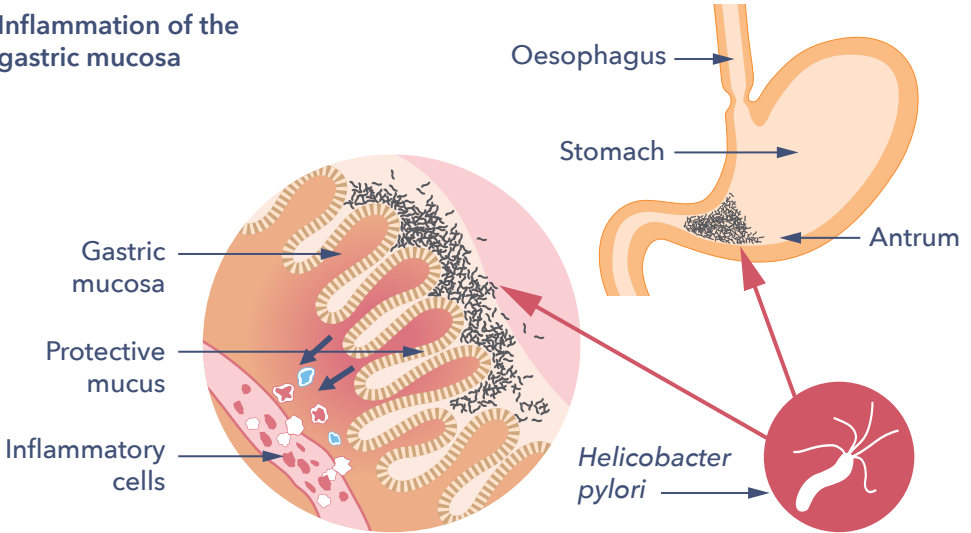
Although these ulcers tend to cause indigestion, occasionally they become much more serious. They can bleed or even burst (perforate) which happens if the ulcer burrows deep enough into the stomach lining to make a hole. People with ulcers should therefore be treated with the aim of getting rid of *Helicobacter pylori* if it is present.

Because there are millions of people who have both *Helicobacter 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 for suffering from it other than ulcers. The majority of people suffering from indigestion will not have ulcers.

Infection

Helicobacter pylori infection usually infects the lower part of the stomach (the antrum) and can cause inflammation of the gastric mucosa (gastritis).

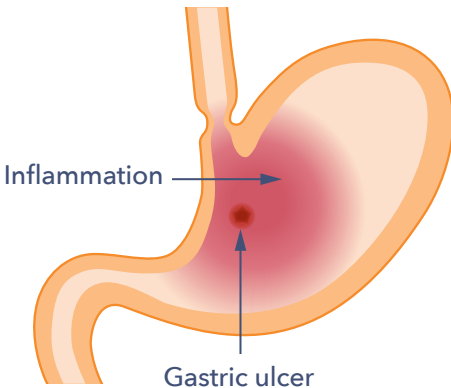
Inflammation of the gastric mucosa



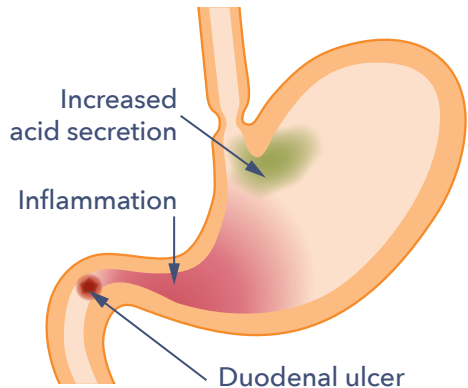
Ulcers

Inflammation due to *Helicobacter* can cause gastric and duodenal ulcers. Gastric inflammation may lead to a gastric ulcer or a duodenal ulcer through effects on gastric acid production. Severe complications include bleeding and perforation.

Gastric ulcer



Duodenal ulcer



What causes the development of *Helicobacter pylori*

It is not completely clear exactly how *Helicobacter 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 *Helicobacter 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.

Helicobacter pylori is 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 *Helicobacter pylori* are unlikely to pass it on and do not need to take any special measures to avoid giving it to others.

How is *Helicobacter pylori* diagnosed?

Breath test

One simple technique to diagnose *Helicobacter pylori* involves a breath test. For this you are given a drink containing a substance called urea. Whether or not *Helicobacter 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.

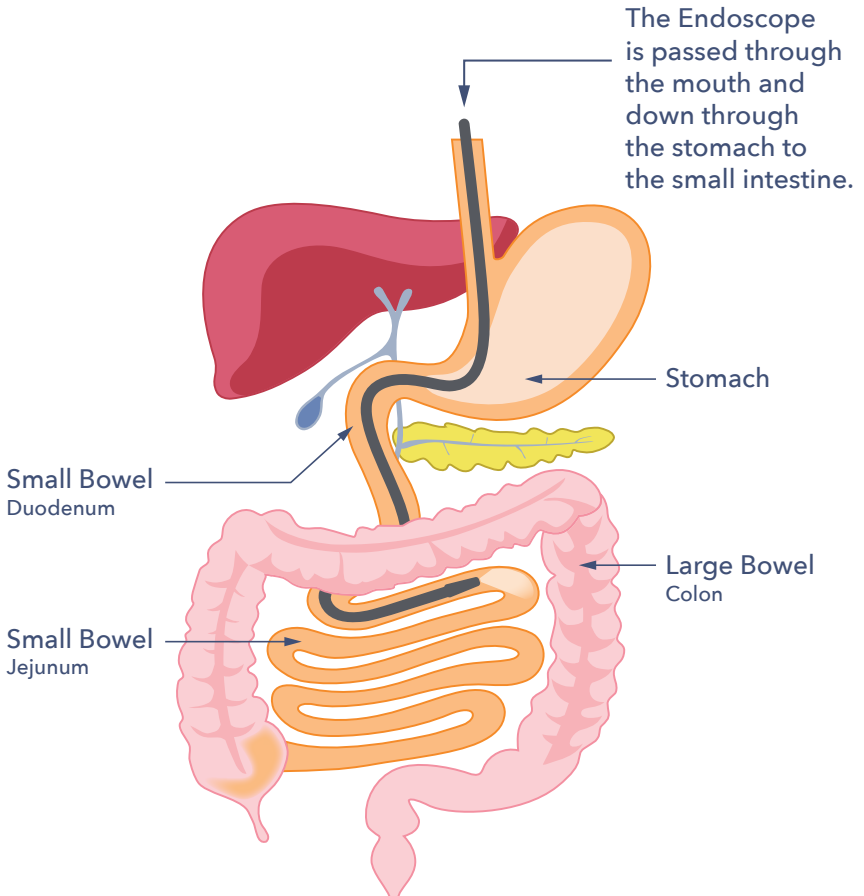
Stool test

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

Endoscopy

Doctors can also test for *Helicobacter pylori* while patients are having a stomach examination (endoscopy). An endoscopy is a camera attached to a thin flexible tube that is passed through the mouth and down into your oesophagus, stomach and the start of the small intestine. A very small piece of the lining of the stomach (a biopsy) can be taken for several different tests to check whether *H. pylori* is present.

An endoscopy 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 may be uncomfortable at times.





All tests for *Helicobacter pylori* may be inaccurate if people have had certain medicines e.g. a recent course of antibiotics for any reason within a month, or if they have taken some of the other drugs which are used to treat ulcers in the last two weeks. Your doctor will ask that you do not have a test for *Helicobacter pylori* if other medicines you have taken recently would give a misleading result.

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

Although *Helicobacter pylori* is the cause of most ulcers, others may occur because of regular use of certain pain killers such as aspirin or ibuprofen as well as many medicines prescribed for other conditions. Therefore, you should always ask your doctor whether any prescribed drugs you are taking may affect 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 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 *Helicobacter pylori* and if so, treat it with antibiotics.

Generally, if the patient has had an ulcer, we know that treating *Helicobacter pylori* is likely to prove successful in healing the ulcer. 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. 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 can *Helicobacter pylori* affect you?

Although *Helicobacter pylori* can cause troublesome symptoms for some people, if treated, most will recover fully without any further complications.



Symptoms

About 3 in 20 people with *Helicobacter* 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.

Usual symptoms of ulcer complications

Severe ongoing indigestion that does not respond to over the counter or other medication. More specifically, symptoms can be abdominal pain (often a gnawing ache) nausea, bloating and belching. Some people experience a burning sensation that rises in the chest called heartburn. Not all of these symptoms might be present. You can read more about indigestion here: www.gutscharity.org.uk/advice-and-information/symptoms/indigestion/

There are a very small number of people in whom *Helicobacter pylori* may lead to the development of stomach cancer after many years of untreated infection. If you have symptoms of indigestion, vomiting, weight loss, swallowing problems and anaemia, you should contact your doctor for investigation of your symptoms. The risk of stomach cancer increases with age. Most people will not have stomach cancer, and for those people that do, getting diagnosed sooner is beneficial for treatment.

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 *Helicobacter pylori*, it is possible to have further courses of therapy with different antibiotics.

We now know that treating *Helicobacter pylori* not only helps ulcers to heal but, more importantly, it greatly reduces the risk of ulcers returning. All doctors are agreed that patients with *Helicobacter 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 and similar anti-inflammatory medicines. Therefore, you should always ask your doctor whether any prescribed drugs you are taking may have an effect on your stomach.

What treatment is available for *Helicobacter pylori*?

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 specific antibiotics before treatment is started. If so, an alternative, equally successful treatment can be given. This triple therapy, when taken for at least 10 days, leads to eradication of *Helicobacter pylori* in 9 out of 10 people¹.

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 specific 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, the treatment be less successful. Also, the bacteria may become resistant to the antibiotics, so they might 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 *Helicobacter 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 (see page 7) to look for an ulcer. However nowadays, instead of sending a patient straight to endoscopy, most doctors if they suspect an ulcer will check first to see if they have *Helicobacter pylori* and, if so, treat it with antibiotics.

However, there are doctors who would recommend treating *Helicobacter pylori* even without an ulcer being present. They do this in the hope of making a small number of such people feel better.

Watch Dr Laith Al Rubaiy explain the endoscopy (gastroscopy) procedure.
www.gutscharity.org.uk/advice-and-information/helpful-videos/

Does *Helicobacter pylori* need to be monitored and, if so, how?

Helicobacter should be tested for in first degree relatives of people with stomach cancer as it does cause stomach cancer in a small number of people (between 1 and 3 people out of 100). Discuss this with your GP if this is relevant to you.

What to ask your doctor?

- *Do I need an endoscopy to confirm whether or not I have an ulcer?*
- *Could my ulcer be caused by something other than *Helicobacter pylori*?*



Where can I get more information?

Guts UK has further information on indigestion, heartburn and stomach cancer.

www.gutscharity.org.uk

Research

Much more research is needed into *Helicobacter pylori*. Guts UK is the charity for the digestive system. We are the only UK charity funding research into the digestive system from top to tail; the gut, liver and pancreas.

Visit our website to see our past and current research, or contact us for further information.

1. Nysse OP, Bordin D, Tepes B, Pérez-Aisa Á, Vaira D, Caldas M, Bujanda L, Castro-Fernandez M, Lerang F, Leja M, Rodrigo L, Rokkas T, Kupcinskas L, Pérez-Lasala J, Jonaitis L, Shvets O, Gasbarrini A, Simsek H, Axon ATR, Buzás G, Machado JC, Niv Y, Boyanova L, Goldis A, Lamy V, Tonkic A, Przytulski K, Beglinger C, Venerito M, Bytzer P, Capelle L, Milosavljević T, Milivojević V, Veijola L, Molina-Infante J, Vologzhanina L, Fadeenko G, Ariño I, Fiorini G, Garre A, Garrido J, F Pérez C, Puig I, Heluwaert F, Megraud F, O'Morain C, Gisbert JP; Hp-EuReg Investigators. European Registry on *Helicobacter pylori* management (Hp-EuReg): patterns and trends in first-line empirical eradication prescription and outcomes of 5 years and 21 533 patients. *Gut*. 2020 Sep 21;gutjnl-2020-321372. doi: 10.1136/gutjnl-2020-321372.

Guts UK

The charity for the digestive system

Our guts have been underfunded, undervalued and underrepresented for decades.

"I chose to fundraise for Guts UK because when I was in hospital, I was amongst others with various digestive diseases. It was there that I realised there needs to be so much more awareness for these invisible illness. We must raise much needed funds for this important research!"

Abi, Guts UK fundraiser.

It's time the UK got to grips with guts.

With new knowledge, we will end the pain and suffering for the millions affected by digestive diseases. Guts UK's research leads to earlier diagnoses, kinder treatments and ultimately a cure.

Discover more about our fascinating digestive system at gutscharity.org.uk



Join our community



Let's get to grips with our guts, and save lives.

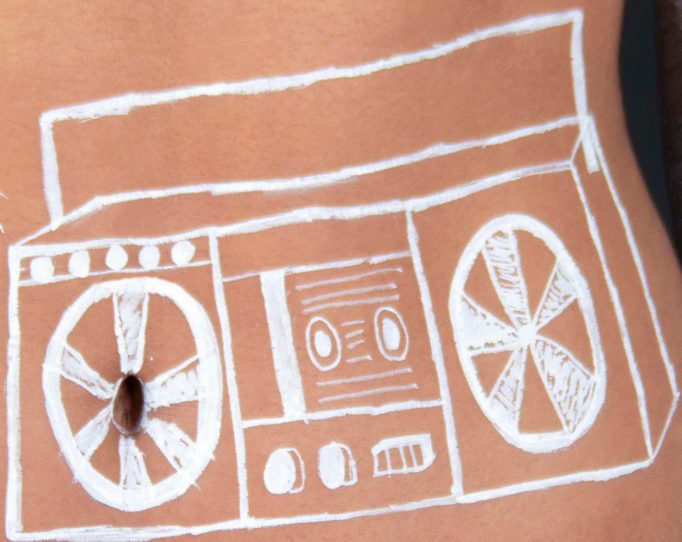
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TO GRIPS WITH GUTS**

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