



## ***Helicobacter pylori*** (page 1 of 3)

### **What is Helicobacter pylori?**

Helicobacter pylori (H. pylori) is a bacterium, a kind 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.

In nearly nine out of ten people who have H. pylori, it does not cause any problems.

### **Might H. pylori even be good for us?**

Some experts think that H. pylori, like other bacteria living in our gut, may be good for us.

However, no-one has yet found a definite advantage from having it although a number of theories have been put forward.

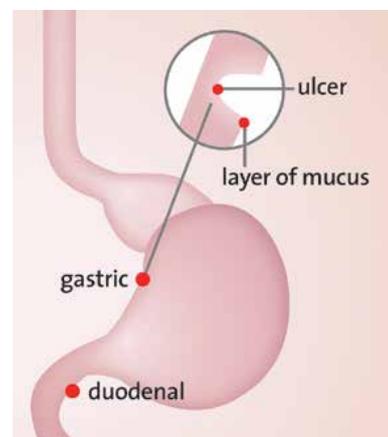
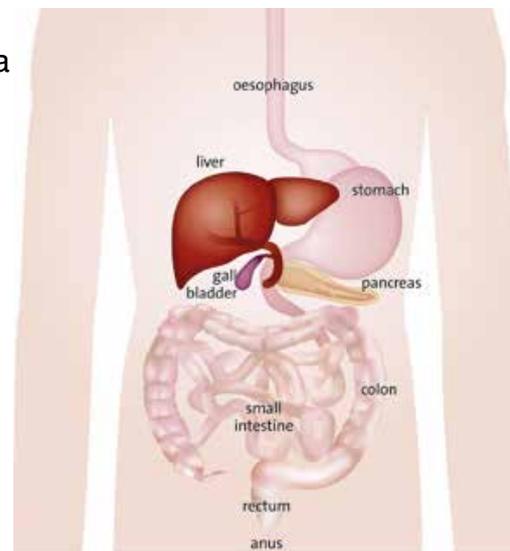
### **How do people have H. pylori and can they pass it on?**

People who have H. pylori mostly catch it in childhood, probably from other children or family members. Once someone picks up H. pylori, it stays in the stomach throughout life unless it is treated with particular 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. Those 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 problems can H. pylori cause?**

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

Bad indigestion is common and there are many other reasons why people suffer from this symptom other than having ulcers.



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

## Does H. pylori cause cancer?

It is true that H. pylori is associated with a very slightly increased risk of stomach cancer.

However, treating H. pylori simply to reduce this risk is not generally advised for three reasons.

- the risk of getting stomach cancer is small
- it is uncertain whether treating H. pylori once you are an adult, will actually reduce the risk of developing stomach cancer
- although treatment is usually very straightforward, a course of antibiotics carries a small risk of a bad reaction. The problems the treatment may cause can outweigh any possible benefit.

## Does treating H. pylori make you better?

### If you have an ulcer

Before we knew about H. pylori, ulcers did heal with acid-reducing drugs only to come back when the treatment was stopped. Treating H. pylori not only helps ulcers to heal but, more importantly, it greatly reduces the risk of the ulcer returning. Although H. pylori is the cause of most ulcers, there are some ulcers which are caused by aspirin and similar drugs used to treat joint and muscle problems. Nevertheless, all doctors agree patients with H. pylori should have treatment for the infection if they have, or ever have had, an ulcer.

### If you don't have an ulcer

Less than one person in 10 with the combination of indigestion and H. pylori infection, but who don't have an ulcer, will feel better as a result of treatment. Many doctors consider the disadvantages of taking a course of antibiotics are not worth the small chance of the treatment helping. There are doctors who would recommend treating H. pylori even without an ulcer being present.

### If you have indigestion but neither you nor your doctor know if you have an ulcer

Until recently most people with bad indigestion often had an endoscopy (an examination of the stomach with a small tube and camera) to see whether or not an ulcer was present.

People with indigestion who also have symptoms such as weight loss, persistent vomiting or trouble in swallowing still need to have an endoscopy. Otherwise, most patients are treated without examination. Instead, many doctors test patients with indigestion to see if they have H. pylori and, if the test is positive, they treat the infection.

## How do doctors test for H. pylori?

The easiest way is a blood test.

This is useful for finding out whether a person has H. pylori but the test stays positive even after the H. pylori has gone. This means that it cannot tell us whether a course of treatment has cleared the infection.

Another simple technique of looking for H. pylori involves a breath test.

For this you will be given a drink containing urea. If H. pylori is present in the stomach it can be detected by collecting a sample of your breath a short time after taking 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 antigen tests for H. pylori are now widely used.

These involve analysing a small portion of stool for H. pylori antigens.

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.

## How can H. pylori be treated and what are the chances of success?

Treatment for H. pylori is now simple and successful at the first attempt for most people. It consists of a one week course of three different tablets, two of which are antibiotics and 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.

Most people experience no side effects from treatment, but a few notice minor problems such as a strange taste in the mouth, a feeling of sickness, diarrhoea or perhaps a headache. With one particular antibiotic, 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. Even when treatment has been successful in clearing the H. pylori, 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 using different antibiotics.

## Do doctors generally agree on when to treat Helicobacter pylori?

All doctors will advise treatment if you have (or have had) an ulcer. Some doctors advise that it is best to treat every patient who has a positive test for Helicobacter pylori. It is best to discuss with your doctor your situation and which treatment is right for you.

## What research is needed on H. pylori?

H. pylori was only discovered in 1983. Although we have learned an enormous amount about it, there is still much we do not know.

For example, it's not clear exactly how H. pylori is passed from one person to another, and why only some people with the infection get ulcers.

We do not know how H. pylori increases the risk of stomach cancer. 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.

Treatment for H. pylori is now very effective but it can become resistant to common antibiotics. Alternative treatments need to be found.

With acknowledgements to Core – the Digestive Disorders Foundation in association with the British Society of Gastroenterology and the Primary Care Society for Gastroenterology

## CORE

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