

Management of Helicobacter pylori positive dyspepsia in GPs' practice in Slovakia.



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EUROPE

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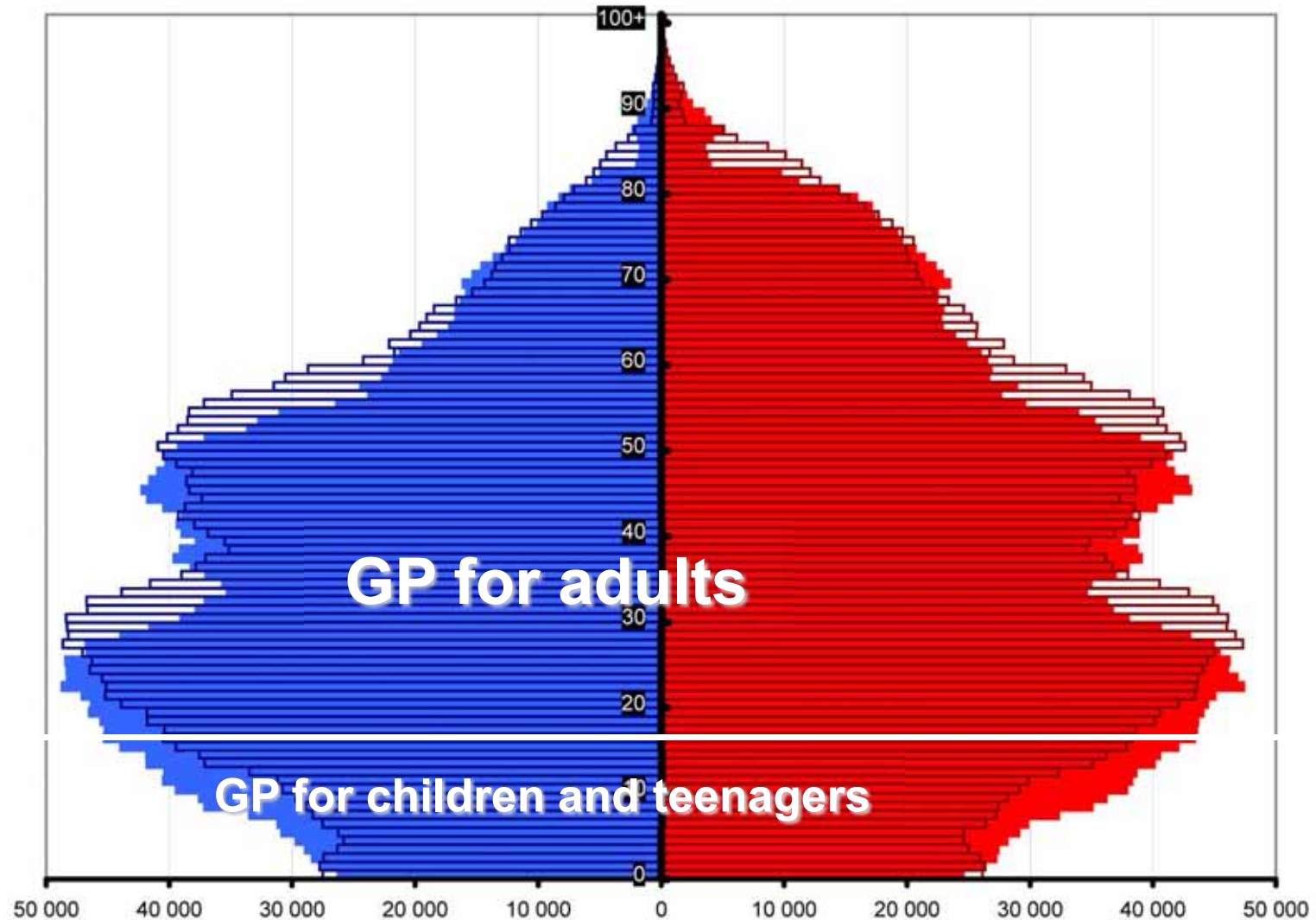
Country	Area (sq. km)	Population (millions)
Albania	28,748	4.5
Andorra	468	0.1
Austria	83,858	8.2
Belarus	207,600	10.0
Belgium	30,528	10.5
Bulgaria	110,910	8.0
Croatia	56,538	4.5
Czech Republic	78,867	10.5
Denmark	4,309	5.3
Estonia	45,248	1.3
Finland	143,903	5.2
France	643,801	64.0
Germany	357,021	82.0
Greece	131,958	11.5
Hungary	93,028	10.5
Iceland	101,824	0.3
Ireland	70,273	3.8
Italy	301,330	58.0
Latvia	64,589	1.3
Lithuania	62,686	3.2
Luxembourg	2,586	0.5
Malta	316	0.4
Netherlands	41,526	16.0
Norway	385,203	4.5
Poland	312,685	38.0
Portugal	92,090	10.5
Romania	238,391	22.0
Russia	17,098,242	146.0
Slovakia	48,846	5.4
Slovenia	20,273	2.1
Spain	505,992	45.0
Sweden	449,964	9.0
Switzerland	41,284	7.5
Turkey	783,562	68.0
Ukraine	603,628	50.0
United Kingdom	244,820	58.0
Uzbekistan	447,400	21.0

Slovakia



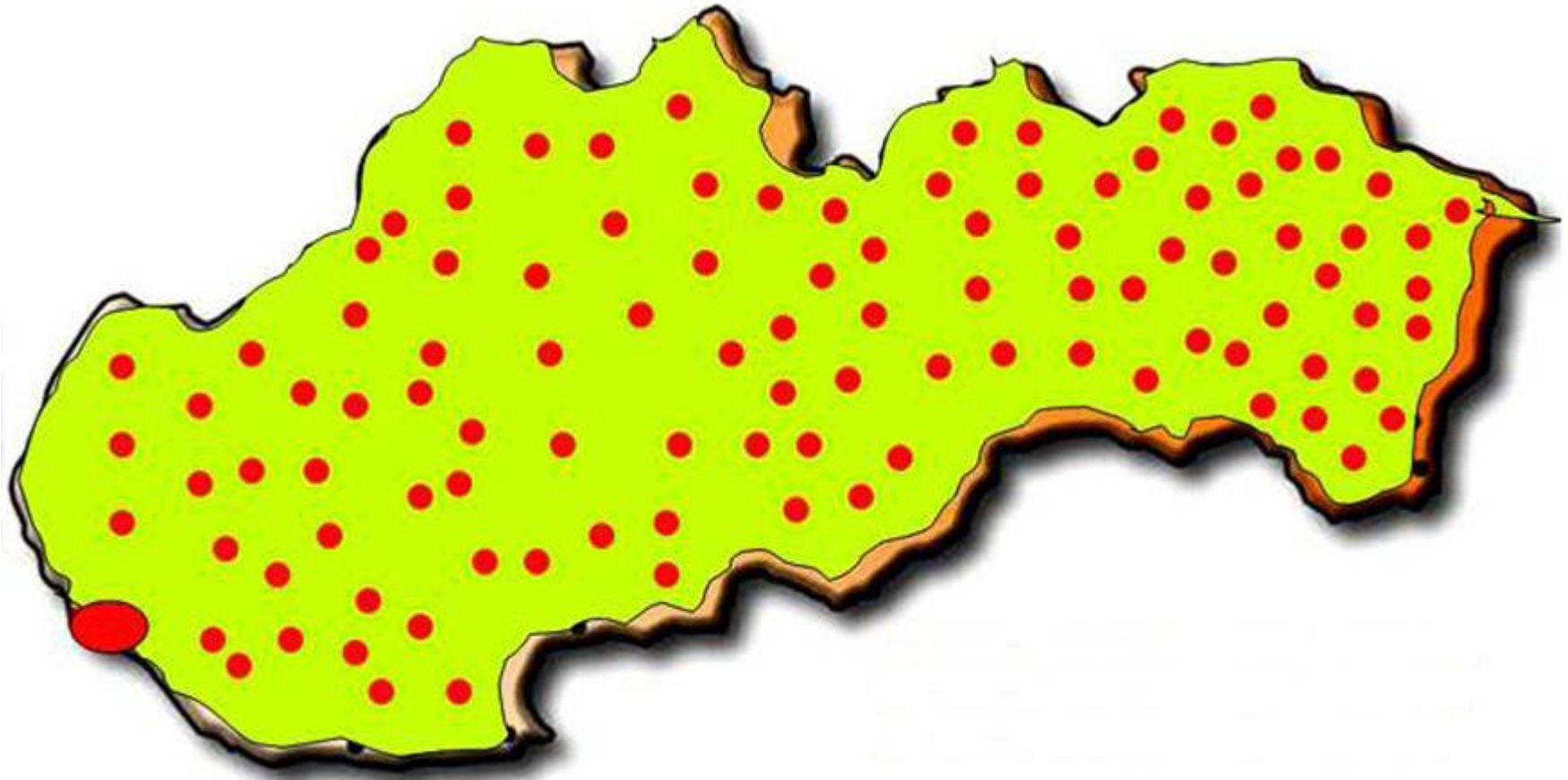
Citizen, population pyramid of Slovakia

2001-2006



PC is in Slovakia devided, borderline is age 18 years

GP network in Slovakia



2,331 GPs for adults

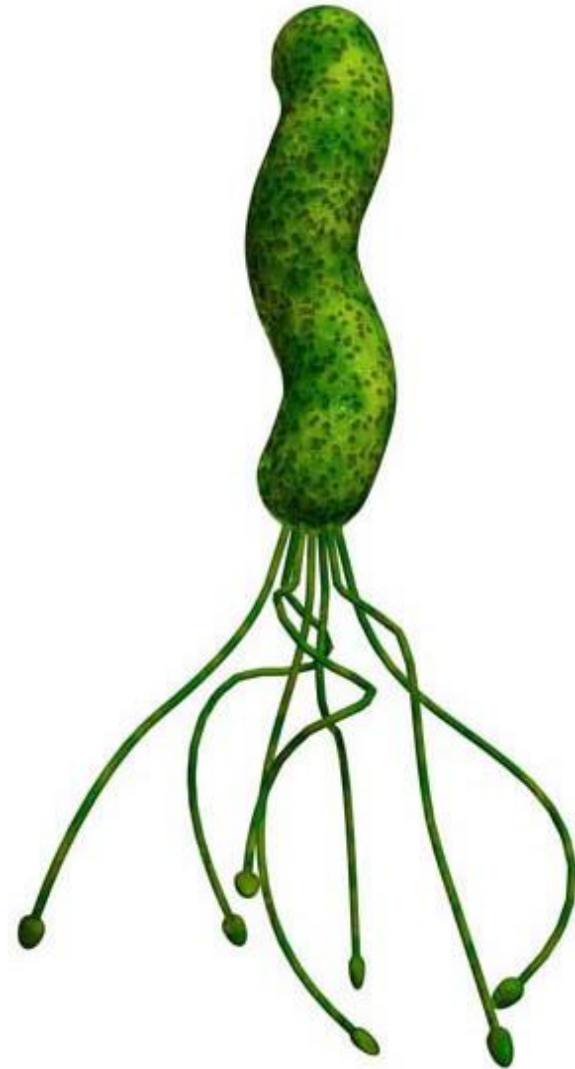
(care for 4 million citizens over 18 years)

Background

- Upper gastrointestinal (GI) dyspepsia is a common problem in general practitioner's (GP) office, represents approx. 5-10% of average GP's workload.
- The main task of GP is to evaluate the severity of possible organic reason of patient's complaints and to decide about further action
- One of the etiologic factors of upper GI dyspepsia is *Helicobacter Pylori* (HP) infection
- The aim is diagnosis and treatment of HP infection related to upper GI dyspepsia symptoms
- As a diagnostic tool we choose the examination of HP infection in patient's stool by HP stool antigen (HpSA)

Epidemiology in the Slovakia *

- HP positivity 30-40%
- Duodenal ulcer 10 %
- Gastric ulcer 5 %
- Gastric cancer 1-2 %
- Gastric lymphoma – less then 1%



<http://www.hpylori.com.au/>

Timing of the project

- The project is running since the beginning of year 2008
- In 2008 has started a pilot project involving 10 GPs.
- In October 2008 at our national annual meeting, we will present the results.
- In 2009 we are planning to implement this method into routine GPs practice.



Used laboratory test

- Examination of *Helicobacter pylori* in patient's stool by HP stool antigen (HpSA) test was introduced in to routine laboratory practice in Slovakia in autumn 2007
- The used method has sensitivity of 94 % and specificity of 98 %*, similar to urea breath test **
- Examination is reimbursed by HIC
- One HP stool antigen test costs in Slovakia aprox. 7 EUR vs. 100 EUR for one urea breath test



* II. Recommendation of Slovak gastroenterology Association, 9/2007.

** Maastricht III -2005 consensus

Methods

- In patients under 45 years, complaining of upper GI dyspepsia, free of alarming symptoms, stool is examined by HP stool antigen (HpSA) test
- If the finding is positive, patient is treated according to the Maastricht III Consensus
- Follow-up stool examination is performed after two months of treatment
- In case of repeated positive finding, patient is treated according to the Maastricht III Consensus recommended in 2nd line



Protocol

Patient's initials: _____

Identification no.: _____

Year of the birth: _____

male ☐

female ☐

A. Inclusion and exclusion criteria

1. Inclusion criteria:

Clinical symptoms of upper GI dyspepsia

☐ yes

☐ no

Age under 45 y

☐ yes

☐ no

Free of alarming symptoms

☐ yes

☐ no

2. Exclusion criteria:

Age over 45 y

☐ yes

☐ no

Alarming symptoms

☐ yes

☐ no

Conclusion: patient is included into the project: ☐ yes ☐ no



B. Diagnostic procedure

1. Patient's history: Family history of gastric cancer: yes ☐ no ☐

History of NSAID usage: yes ☐ no ☐

Allergy to penicilline: yes ☐ -treatment according to 3b) no ☐

2. Diagnosis: stools sample taken (1cm³) date:

Results:

Positive ☐

Negative ☐

HpSA

Conclusion: upper GI dyspepsia HpSA positive - yes ☐ - continue with p.no. 3
no ☐ - finish the protocol



C. Therapeutic procedure

3. Treatment according to Maastricht III consensus in 1st line:

a) omeprazole 20mg 2x1tbl + clarithromycin 500mg 2x1tbl + amoxicillin 1000mg 2x1tbl - 7days

b) if allergy to PNC- omeprazole 20mg 2x1tbl + clarithromycin 500mg 2x1tbl + metronidazole 250 2x2 tbl - 7days.

Treatment finished (date): Complications: no ☐ yes ☐ - please specify at the back

4. Follow-up 2 mo after the end of therapy – HpSA: ☐ posit. - continue with p.no. 5
☐ negat. - finish the protocol

5. Treatment according to Maastricht III consensus in 2nd line:

omeprazole 20mg 2x1 tbl + bismuth subcitrate 120mg 4x1tbl + metronidazole 250mg 2x2tbl+ doxycycline 100mg 1x1 tbl - 7days.

Treatment finished (date): Complications: no ☐ yes ☐ - please specify at the back

6. Repeated follow-up 2 mo after the end of therapy: - HpSA: ☐ posit. ☐ negat.

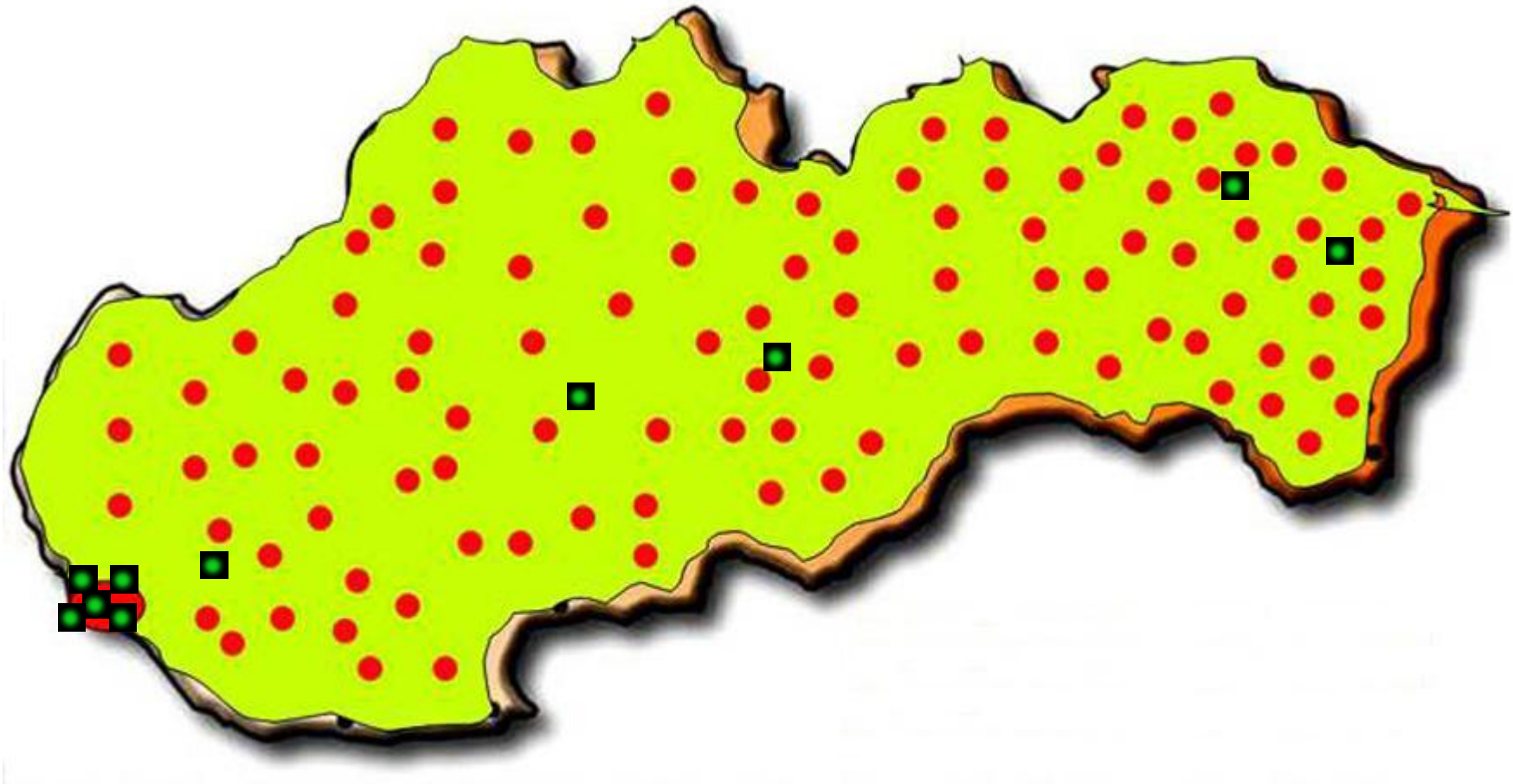
7. Clinical efficacy of the treatment: yes ☐ no ☐

Date of finishing the protocol:.....

Signature and stamp of the doctor:.....



10 pilot HP centers in Slovakia



The results of the pilot project up to now

No. of centers involved	10
No. of patients tested	103
No. of HP-positive / No.of eradicated cases after 1 st line therapy	33 / 24
No. of HP-positive after 1 st line	9
No. of eradicated cases after 2 nd line therapy	4
Symptoms free patients after treatment	25
No. of finished protocols	98

AIMS

- **Main aim is the implementation of the new method into routine practice of Slovak GPs.**
- Perspective aim is to evaluate acquired data:
 - percentage of positive HP findings
 - percentage of successful HP eradication in 1st and 2nd line
 - percentage of symptom-free patients after treatment
 - comparison of effectiveness and cost-effectiveness between care of upper HP positive dyspepsia patients in **PC** and gastroenterologists
 - etc.



Futuristic question?

- Question is if the implementation of this method into the **PC** will reduce the incidence of gastric cancer in the future and this could mean positive effect on the demography.



The news from Slovakia

- Simultaneously with this GP project a government project has been running- guaranteed by the Committee of Gastroenterology Association- screening of HP infection in the subpopulation – all citizens 19-20 – year old via a urea breath test.

I would prefer not to discuss this topic...

- But question could be, whether project based on symptoms or the described population screening project will be more effective and more cost effective.



Thank you for your attention!

