

Implementation of Helicobacter pylori antigen examination in to general practice – Slovakian project

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Ljubljana, Slovenia, March 28 - 29,
2008



Background

- Upper gastrointestinal (GI) dyspepsia is a common problem in general practitioner's (GP) office.
- Upper GI dyspepsia represents approx. 5-10% of average GP's workload
- The main task of GP is to evaluate the severity and possible organic reason of patient's complaints and to decide about further action

Project

- One of the etiologic factors of upper GI dyspepsia is *Helicobacter Pylori* (HP) infection
- The aim of our project 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)
- The project is running in GP offices since the beginning of year 2008

Methods

- Examination of *Helicobacter pylori* in patient's stool by HP stool antigen (HpSA) test was introduced in to routine practice in Slovakia in autumn 2007
- HpSA test is performed in selected laboratories
- Examination is reimbursed by HIC

Methods cont'd

- 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 recommendations
- 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 recommendations in 2nd line

Protocol



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 and therapeutic procedure

1. Patient's history: Family history of gastric cancer: yes no
History of NSAID usage: yes no
Allergy to peniciline: yes -treatment according to 3b) no

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

Results:	HpSA	yeasts	parasites	lamblia
Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conclusion: upper GI dyspepsia HpSA positive - yes - continue with p.no. 3
no - finish the protocol, p. no. 8

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

a) omeprazole 20mg 2x1tbl + clarithromycine 500mg 2x1tbl + amoxiciline 1000mg 2x1tbl - 7days
b) if allergy to PNC- omeprazole 20mg 2x1tbl + clarithromycine 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, p.no. 8

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

omeprazole 20mg 2x1 tbl + bismuthi 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:.....

Evaluation

- Number of GPs/patients involved in the project in various areas of Slovakia
- Percentage of patients with HP positive samples
- Percentage of patients treated
- Efficacy of the treatment in 1st and 2nd line
- Evaluation of side findings and their treatment

Conclusions

- GP has a key role in the decision process about the management of patients with upper GI dyspepsia
- Our project could be an effective tool in successful implementation of noninvasive detection of HP positivity in to everyday GP practice

Thank you for your
attention.



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