

Population-based strategies for Helicobacter pylori-associated disease

management: Asian perspective

Type: Book Chapter

Abstract:

Asia has the largest population of any continent and the highest incidence of gastric cancer in the world, making it very important in the context of Helicobacter pylori infection. Several new guidelines in East Asian countries include expanded indications for H. pylori eradication. Importantly, the Japanese national health insurance system now covers expenses for all H. pylori-infected subjects up to second-line treatment. According to current guidelines, standard triple therapy containing a proton pump inhibitor (PPI) and two antibiotics, clarithromycin and amoxicillin/metronidazole, is still the preferred first-line regimen for treatment of H. pylori infection. However, in following years, the efficacy of legacy triple regimens has been seriously challenged, and they are becoming ineffective. Moreover, some regions in Asia show patterns of emerging antimicrobial resistance. Therefore, clarithromycin-containing triple therapy should be abandoned, as it is no longer effective unless local clarithromycin resistance is low or culture confirms susceptibility to clarithromycin. More effective clarithromycin-based regimens are now replacing standard triple therapies as empirical first-line treatments on the basis of the understanding of the local prevalence of H. pylori antimicrobial resistance. These include the bismuth and non-bismuth quadruple, sequential, and dual-concomitant (hybrid) regimens.

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Source	Helicobacter pylori Research: From Bench to Bedside
ISBN	978-443155936-8;978-443155934-4
DOI	10.1007/978-4-431-55936-8_23
Volume (Issue)	-
Page	519-542
Year	2016

Keyword:

Amoxicillin, Antibiotic resistance, Asia, Clarithromycin, Helicobacter pylori, Metronidazole, Proton pump inhibitor (PPI)

Please Cite As:

Miftahussurur, M., & Yamaoka, Y. (2016). Population-based strategies for helicobacter pylori-associated disease management: Asian perspective. Helicobacter pylori research: From bench to bedside (pp. 519-542).

URL:

- https://www.scopus.com/inward/record.uri?eid=2-s2.0-84988628614&doi=10.1007%2f978-4-431-55936-8_23&partnerID=40&md5=6a0c297252551c517a237ed3c769d511
- https://link.springer.com/chapter/10.1007%2F978-4-431-55936-8_23