

Sequential Therapy Eradicates *Helicobacter pylori* Better Than Triple Therapy in Aklavik Natives: Presented at CDDW

By Cameron Johnston

TORONTO -- March 2, 2010 -- Inuit people living in the far north of Canada have a prevalence of *Helicobacter pylori* 3 times that of the general population, and seem to be less responsive to the commonly used treatments for this condition, according to a study presented here at the Canadian Digestive Diseases Week 2010 (CDDW) on February 28.

However, a small, randomised controlled trial also reported that these patients may respond better to sequential therapy where a proton pump inhibitor (PPI) is given for 1 to 5 days, followed by 2 antibiotics for another 5 days compared with patients who received all 3 drugs in a concomitant triple therapy regimen.

According to Amy Morse MD, University of Alberta, in Edmonton, Alberta, cultural and histological evidence has reported that 58% of the population in the Arctic community of Aklavik harbour *H pylori*, compared with around 20% of the rest of Canada.

A total of 71 patients from this community, which is accessible by air and by ice roads in the winter time, who tested positive for *H pylori* were randomised to receive either standard therapy consisting of a PPI, clarithromycin, and either amoxicillin or metronidazole over a 7-to-10 day period (group 1) or PPI plus amoxicillin for 1 to 5 days followed by clarithromycin or metronidazole for a further 5 days (group 2).

Among participants who underwent post-study urea breath-test, *H pylori* was found to have been eradicated in 67% (24 out of 36) patients who received the standard regimen (group 1), compared with 77% (27 out of 35 patients) who received sequential therapy (group 2). This falls far short of what is normally seen in the rest of the Canadian population, Dr. Morse said. In the rest of the country, for example, the eradication rates are around 84% and 82% for the 2 groups respectively.

The study is ongoing with the aim of determining reasons for the less than expected eradication rates in this population. But Dr. Morse noted that interestingly, the percentage of patients in this study whose *H pylori* was resistant to either metronidazole (33%) or clarithromycin (13%) or to both (4%) were lower than in the rest of the country's population. It could be that these patients were less persistent in taking their drugs as the physicians had recommended, but this has yet to be confirmed, she said.

Nonetheless, she said, despite the better outcomes seen with sequential therapy, the between-group differences were not significant, and therefore, while sequential therapy may look attractive initially for this population, it still cannot be recommended as a practice-changing conclusion.

CDDW is the annual scientific conference of the Canadian Association of Gastroenterology (CAG) and the Canadian Association for the Study of the Liver (CASL).

[Presentation title: A RCT for Helicobacter Pylori in Aklavik, a First Nations Community in the Canadian North, With Assessment of Antimicrobial Activity. Abstract A70]

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