ABSTRACT

Introduction: Helicobacter pylori (H. pylori) infection has been linked to the aetiology of a number of gastroduodenal disorders. The ‘Test and Treat Strategy”, using non-invasive diagnostic methods, has been recommended for the management of dyspeptic patients in regions of high H. pylori prevalence. This study aimed at determining the prevalence of H. pylori among dyspeptic patients and determining the eradication rates following first line triple regimen. Resolution of symptoms was also assessed after treatment.

Methods: One hundred and sixty consenting adults, aged 18 years or more, presenting with dyspepsia without alarm features at the General and Medical Out-patient Departments of the University of Abuja Teaching Hospital were enrolled into the study. H. pylori infection was diagnosed by the urea breath test (UBT) using the $^{14}$Carbon-based Heliprobe® method. Infected patients were treated with a two weeks course of Rabeprazole 20mg, Amoxicillin 1g and clarithromycin 500mg all taken twice daily. A post-treatment UBT was done 4weeks after completion of treatment to determine success of H. pylori eradication. The Modified Glasgow Dyspepsia Severity Score (MGDSS) was used to assess symptom severity at initial evaluation as well as four weeks after completing treatment. Patients were followed up at 3, 7 and 14 days to assess drug compliance and side effects. Data obtained were analyzed using the Statistical Package for Social Sciences (SPSS) software version 16.

Results: The mean age of the one hundred and sixty (160) patients studied was 35.7 ± 8.0 years. They consisted of 40.6% males and 59.4% females giving a M:F ratio of 1:1.5. One hundred and twenty-nine (80.6%) of the 160 patients tested positive for H. pylori infection and were placed on first line eradication regimen consisting of rabeprazole 20mg, amoxicillin 1g and clarithromycin 500mg all taken orally twice daily for fourteen days. No significant association was found between H. pylori infection and the socio-demographic factors assessed. Of the 129 patients placed on the eradication regimen, 118
completed the treatment protocol while the remaining 11 were lost to follow-up giving a 91.5% study completion rate. At post-treatment evaluation, the eradication rate of H. pylori was 78.8% on per protocol and 72.1% on intention to treat analyses. The mean post-treatment MGDSS reduced significantly compared to the mean pre-treatment MGDSS in both those in whom H. pylori was eradicated and those in whom it was not (p values < 0.0001). The mean post-treatment MGDSS was significantly lower among those who eradicated H. pylori compared to those who did not (1.8 ± 1.4 compared to 2.6 ± 1.6, p = 0.019). The commonest side effects reported were altered/ bitter taste in the mouth (22.0%), diarrhoea (7.6%) and nausea (3.4%). The side effects were however, not severe enough to warrant discontinuation of the drugs in any of the patients.

**Conclusion:** This study demonstrated a high prevalence rate of H. pylori in dyspeptic patients. The H. pylori eradication rates observed in this study was high, though not up to the globally accepted rate of >90% which is recommended for H. pylori eradication regimen. Emphasis should be placed on post-treatment H. pylori test to confirm eradication or otherwise, because resolution of symptoms may be observed whether the infection is eradicated or not.