August 2012 Peptic Ulcer Disease (PUD)

1. Q: When should drug therapy be considered for dyspepsia?

A: 1. Mild dyspepsia of a few weeks duration.

2. Chronic dyspepsia unresponsive to 2 weeks of acid suppression.

3. Proven duodenal or gastric ulcer. 4. Dyspepsia secondary to NSAID use.

5. Prevention of NSAID induced ulcers 6. Patients with NSAID induced ulcers

1. Q: What are the initial drug strategies available to treat dyspepsia?

A: 1. Suppress excess stomach acid. 2. Test and treat H. pylori.

1. Q: What drugs should be considered for initial treatment of mild dyspepsia?

A: 1. Antacids 2. H 2 RA

1. Q: Which drugs for mild dyspepsia are the most effective? A: They are all equally effective.
2. Q: What classes of drugs are used to suppress stomach acid? 1. PPI 2. H 2 Receptor Antagonists
3. Q: What are the drugs in the PPI class used for dyspepsia?

A: 1. Omeprazole 2. Pantoprazole 3. Lansoprazole 4. Esomeprazole 5. Rabeprazole

1. Q: What are the drugs in the H 2 RA class used for dyspepsia?

A: 1. Cimetidine 2. Ranitidine 3. Famotidine 4. Nazatidine

1. Q: How effective are the PPI and H 2 RA medications in the treatment of PUD?

A: 1. PPI: 20% of patients improved, 2. H 2 RA : 40 % of patients improved

1. Q: How effective are test and treat strategies versus placebo for H. pylori

eradication?

A: 1. Global improvement at 3 to 12 months 63% on placebo.

2. Global improvement at 3 to 12 months 71% with eradication treatment.

1. Q: What are the drug programs for eradicating H. pylori?

A: 1. H 2 RA + metronidazole + amoxicillin

2. Bismuth subsalicylate + metronidazole + amoxicillin

3. Bismuth subsalicylate + metronidazole + tetracycline

4. PPI + bismuth subsalicylate + metronidazole + tetracycline

5. PPI + clarithromycin + amoxicillin 6. PPI + metronidazole + amoxicillin

7. PPI + clarithromycin + metronidazole

1. Q: What important issues are to be considered when selecting a regime?

A: 1. Be aware of drug allergies, such as allergies to Penicillin and Amoxicilin

2. Metronidazole and alcohol reactions

3. Drug resistance: metronidazole 20% vs amoxicillin 1%

4. Dosing schedules, BID vs QID 5. Treatment duration, 7 vs 14 days

6. Cost 7. GI upset: 33% upset, 3% upset bad enough to stop treatment

1. Q: Is H. pylori eradication treatment effective for patients with GI bleeds?

A: Yes, 2.9 % re bleed versus 20% in the no treatment group.

1. Q: How does H. pylori eradication compare to acid suppression for GI bleeds?

A: Re bleeding was 1.6% for eradication, versus 5.6% in long term acid suppression.

1. Q: What drugs are used to treat dyspepsia secondary to NSAID use?

A: 1. First line: H 2 RA drugs 2. Second line: PPI 3. Misoprostol

1. Q: What drugs are used to prevent NSAID induced ulcers?

A: 1. H 2 RA drugs 2. PPI 3. Misoprostol