



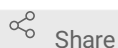
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# Treatment regimens used in the management of *Helicobacter pylori* in Colombia

Luis Valladales-REstrepo<sup>1</sup>, Yessenia Correa-Sanchez<sup>1</sup>,  
Brayan Stiven Aristizábal-Carmona<sup>2</sup>, [Jorge Machado Alba](#)<sup>1</sup>

<sup>1</sup>Universidad Tecnológica de Pereira; <sup>2</sup>Fundacion Universitaria Autonoma de las Americas

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 Jorge Machado Alba

## ABSTRACT

**Background:** *Helicobacter pylori* infection can cause gastritis, gastric ulcers, duodenal ulcers and gastric cancer. Its treatment involves different medications, but resistance to these treatments is increasing. It is currently considered a public health problem. The objective was to identify *H. pylori* eradication regimens by age group, year of treatment and geographical region of Colombia.

**Materials and methods:** This was a cross-sectional study that identified the *H. pylori* eradication regimens used for patients treated in outpatient consultations over a 6-year period based on a medication dispensing database of 8.5 million people affiliated with the Colombian Health Care System. Sociodemographic and pharmacological variables were considered. A descriptive analysis was performed.

**Results:** A total of 12,011 patients with a diagnosis of acid-peptic disease and *H. pylori* infection were identified. They had a median age of 49.9 years, and 65.5% were women, and they had undergone 12,426 eradication treatment regimens. Of these, 98.0% used a proton pump inhibitor (PPI), and 91.1% used amoxicillin. A total of 56.1% of the regimens were considered adequate; of these, 42.0% corresponded to the combination of PPI, amoxicillin and clarithromycin. This regimen predominated between 2015 and 2017 for all age groups and in all geographic regions except the Amazon-Orinoquía-Eastern region. Starting in 2018, the PPI, amoxicillin and metronidazole regimens predominated.

**Conclusions:** The management of *H. pylori* infection in the majority of patients is heterogeneous and inconsistent with current recommendations based on evidence of antimicrobial resistance.

## ATTACHMENTS

[SPSSS\\_BD\\_pylori\\_Repositio.xlsx](#)

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