HANDLE ORDINARY ISSUES BEFORE THEY GET OUT OF HAND

RULE OUT *H. PYLORI* INFECTION TODAY

Discover more:

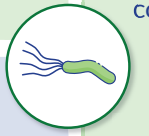
HSI HEALTHY STOMACH INITIATIVE

This material has been endorsed by HSI, a prominent group of well-known gastroenterology specialists from 80 countries.

JUVISE® pharmaceuticals

H. pylori infection is a common threat[1,2]

Helicobacter pylori (*H. pylori*) was first discovered in 1982 by Warren and Marshall[2,3]



It is a gram-negative curved rod or s-shaped bacterium that infects the gastric mucosa[2]

It was classified as a carcinogen by the World Health Organization (WHO) in 1994[4]

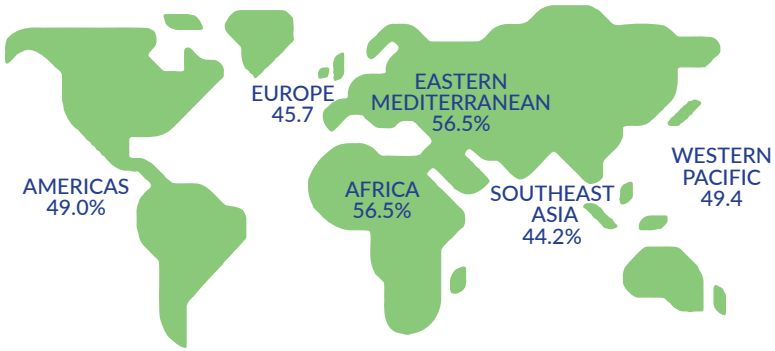
H. pylori infection appears to be acquired throughout life, but commonly starts in infancy[5]

Routes of transmission include faecal-oral, oral-oral (dental), gastro-oral and sexual behaviour[5]

Once a person acquires *H. pylori* infection, the bacteria usually persists throughout their lifetime[2]

ALMOST 50% OF ADULTS ARE INFECTED BY *H. PYLORI* WORLDWIDE[1]

Global prevalence (%) of *H. pylori* infection in adults by WHO regions[6]



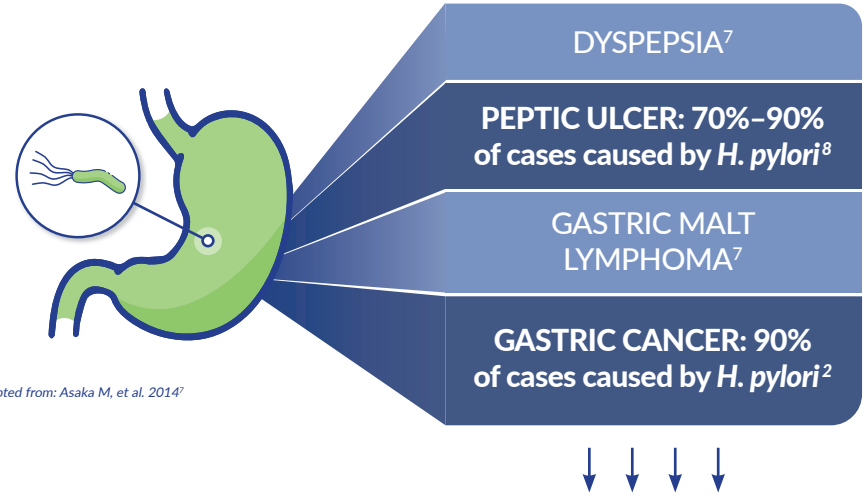
Adapted from: Chen YC, et al. 2024[6]

H. pylori prevalence can also vary depending on age, associated diseases, geographic regions, race/ethnicity, socioeconomic status, and hygienic conditions[2]

Infection can have severe consequences[2,7,8]

After several weeks or months of infection, 100% of patients infected by H. pylori will develop gastritis[2,7]

H. PYLORI-ASSOCIATED GASTRITIS IS THE UNDERLYING CAUSE OF ALMOST ALL GASTRIC DISEASES [7]



Adapted from: Asaka M, et al. 2014[7]

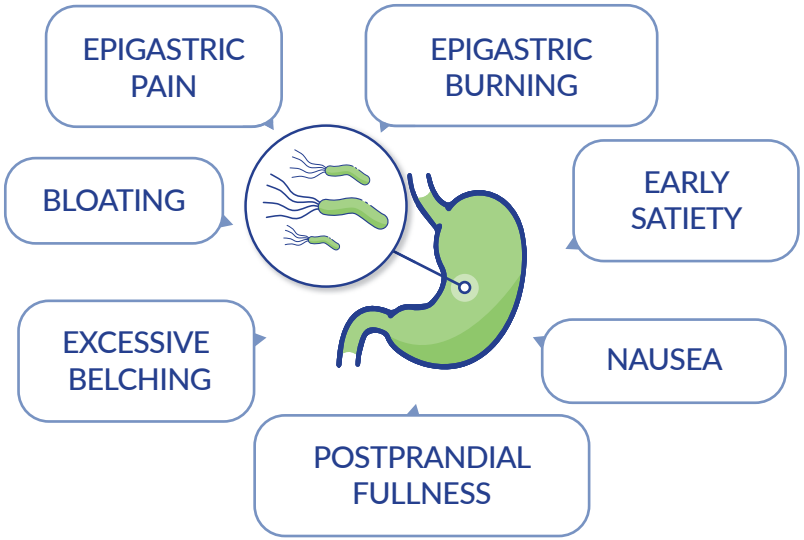
***Gastric cancer** is the **fourth leading cause** of **cancer-related deaths worldwide**[9]*

***H. pylori** is considered **the most common etiologic agent** of **infection-related cancers**[10]*

H. PYLORI REMAINS A MAJOR GLOBAL HEALTH PROBLEM[11]

Symptoms of *H. pylori* can include alarm and non-alarm symptoms[2,12]

DYSPEPSIA SYMPTOMS[13]



ALARM SYMPTOMS INCLUDE:[2,12]

- *Anaemia*
- *Black stools/blood in stools*
- *Vomiting*
- *Dysphagia*
- *Jaundice*
- *Unintentional weight loss*

Alarm symptoms can indicate possible serious disease[12]

Patients who should trigger *H. pylori* testing[2,14]

According to international guidelines, the following patient profiles should be investigated for H. pylori:[2,14]

- Dyspeptic patients ***with or without alarm symptoms***
- Patients ***with long-term PPI use***
- Patients ***with active or history*** of peptic ulcer disease
- Patients with a ***family history of gastric cancer***
- Immigrants ***from areas with a high prevalence*** of ***H. pylori infection***
- ***Naïve patients starting long-term NSAID therapy***
- ***High-risk patients already on long-term aspirin***

Non-invasive testing can help get a rapid handle on *H. pylori* infection[2,14]

PATIENTS AGED <50 YEARS WITH DYSPEPSIA[2,14]

↓

NON-INVASIVE TESTS FOR *H. PYLORI*[2]

^{13}C-UREA BREATH TEST (UBT)[2]

- *Highest sensitivity (95%–100%) and specificity (95%–100%)[2]*
- *PPIs need to be stopped 14 days before testing; current or recent antibiotic therapy needs to be excluded*

SEROLOGICAL ANTIBODY DETECTION[2]

- *Lowest sensitivity (74.4%) and specificity (59%)*
- *Cheap, simple, and rapid*
- *Cannot distinguish between active and previous infection*

STOOL ANTIGEN TEST[2]

- *Slightly lower sensitivity (>95%) and specificity (>95%) vs UBT, but higher vs serological antibody detection*
- *Rapid, simple, and inexpensive*

DIRECT DETECTION IN STOOL VIA PCR[2]

PATIENTS AGED ≥50 YEARS WITH DYSPEPSIA OR AT ANY AGE WITH ALARM SYMPTOMS[2,14]

ALARM SYMPTOMS:[2,12]

- *Dysphagia*
- *Anaemia*
- *Jaundice*
- *Black stools/blood in stools*
- *Unintentional weight loss*
- *Vomiting*

↓

ENDOSCOPY

↓

***H. PYLORI*-POSITIVE**

↓

TREATMENT SOLUTIONS[14] FOR *H. PYLORI*-POSITIVE

Adapted from: Malfertheiner P, et al. 2022 and 2023.[2,14]

Protect your dyspeptic patients by testing them for *H. pylori*[2,14]

- *H. pylori* is a common gastric pathogen, which **infects almost 50% of adults worldwide**[1]

- *H. pylori* infection **leads to chronic inflammation and gastritis**, which can develop into dyspepsia, peptic ulcer, gastric MALT lymphoma, or gastric cancer[2,7,8]

- **Patients with dyspepsia, with or without alarm symptoms,** should undergo testing for *H. pylori* infection[2,14]

- Multiple **non-invasive tests** with high specificity and sensitivity **are available for rapid *H. pylori* infection diagnosis**[2]

CI, confidence interval; MALT: mucosa-associated lymphoid tissue; NSAID, non-steroidal anti-inflammatory drug; PCR: polymerase chain reaction; PPI: proton-pump inhibitor; UBT: urea breath test; WHO: World Health Organization.

1. *Zamani M, et al. Aliment Pharmacol Ther. 2018;47:868-876.* **2.** *Malfertheiner P, et al. Nat Rev Dis Primers. 2023;9:19.* **3.** *Warren JR, et al. Lancet. 1983;1:1273-1275.* **4.** *IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. IARC Monogr Eval Carcinog Risk Hum. 1994;61:177-241.* **5.** *Charitos IA, et al. Gastroenterol. Insights. 2021; 12:111-135.* **6.** *Chen YC, et al. Gastroenterology. 2024;166:605-619.* **7.** *Asaka M, et al. J Gastroenterol. 2014;49:1-8.* **8.** *Malik TF, Gnanapandithan K, Singh K. Peptic Ulcer Disease. [Updated 2023 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. https://www.ncbi.nlm.nih.gov/books/NBK534792/. [Last accessed December 2024].* **9.** *Sung H, et al. CA Cancer J Clin. 2021;71:209-249.* **10.** *Wroblewski LE, et al. Clin Microbiol Rev. 2010;23:713-39.* **11.** *Katelaris P, et al. J Clin Gastroenterol. 2023;57:111-126.* **12.** *Meineche-Schmidt V, et al. Scand J Prim Health Care. 2003;21:224-9.* **13.** *Harer KN, et al. Gastroenterol Hepatol (N Y). 2020;16:66-74.* **14.** *Malfertheiner P, et al. Gut 2022;71:1724–1762.*

JUVISE® pharmaceuticals

PYL-FRA-202411-0351 - January 2025