PUD MANAGEMENT AND TREATMENT

FLAME LECTURE: 79

TAUXE & FOSTER 3.28.20

LEARNING OBJECTIVES

- To understand the management and treatment of peptic ulcer disease (PUD)
- To describe how treatment differs based on etiology.
- Prerequisites:
  - NONE
- See also – for closely related topics
  - FLAME LECTURE 78: Diagnosing PUD

TREATMENT OVERVIEW

- Eradicate *H. pylori* if present
  - Multidrug regimens including bismuth, clarithromycin, amoxicillin, and metronidazole
- Withdraw offending agents
  - NSAIDs, tobacco, and EtOH are prime culprits
- Begin anti-secretory therapy
  - i.e. PPIs or "-prazoles"

H. PYLORI INFECTION (HPI)

- Goal is to eradicate infection using multidrug regimens
- Quadruple therapy: bismuth subsalicylate, metronidazole, tetracycline, and PPI (combination pill: *Pylera*)
- Triple therapy: Clarithromycin, amoxicillin, and PPI
- Second line therapies may be built around levofloxacin or rifabutin but data is limited.
- Concomitant treatment with statins and probiotics have also been shown to be beneficial
- Test of cure 4 weeks post-completion of treatment course

Malfertheiner, Gut 2017

OFFENDING AGENTS

- Tobacco is well-established as a gastric irritant and should be eliminated
- Alcohol is also implicated in ulcer pathology and should be moderated to one drink per day if not avoided altogether
- NSAID-induced ulcers should be treated with PPIs for minimum 8 weeks
  - They are often caused by pts not adhering to NSAID dosing guidelines

Li, Int J Mol Med 2014

PROTON PUMP INHIBITORS

- Indicated to **facilitate healing** of **existing** ulcers
  - Uncomplicated ulcers heal with 2 weeks of PPIs
  - Complicated ulcers may need 4-8 weeks of PPIs
- Long-term PPI use should be **avoided** unless:
  - HPI is refractory to treatment
  - Pt has pressing need for ongoing NSAID/ASA use
  - Recurrent PUD occurring without HPI or NSAID use
- Antacids and sucralfate can also be effective but H2RAs are notably inferior and do not add anythingto PPIs but cost

Lai, NEJM 2002

PUD WITHOUT HPI OR NSAID USE

- It is rare to encounter PUD in this setting
- Are you *sure* the patient has been adequately tested for H. pylori?
  - Repeat if necessary
- Are you *sure* the patient is not taking *any* NSAIDs?
- Either way, PPIs still the standard of care treatment
  - PPI for 4-8 weeks – but may need chronically

REFRACTORY OR RECURRENT PUD

- 5-10% of PUD cases; likely warrants endoscopy with biopsy
- Pts with ulcers refractory to 12 weeks of adequate and compliant therapy may be offered elective surgery due to the risk of malignancy
- Surgical management may also be necessary for very complicated situations such as:
  - Refractory hemorrhagic ulcers
  - Gastric outflow obstruction
  - Perforated ulcers

Aliment Pharmacol Ther. 2001

IMPORTANT LINKS / REFERENCES

1. Ford, Am J Gastroenterol 2004
2. Yeomans, NEJM 1998
3. Lai, NEJM 2002
4. Malfertheiner, Gut 2017
5. Li, Int J Mol Med 2014