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Commentary

Reducing Adverse Reactions to Eradication of Helicobacter Pylori

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During the eradication of Helicobacter pylori in patients, many adverse reactions inevitably occur due to the variety of drugs used and the relatively long course of treatment. Mild to moderate adverse reactions even account for many patients, and severe adverse reactions also account for some patients. In view of this situation, this article elaborates how to reduce adverse drug reactions from the following aspects. Of course, since the purpose of using drugs is to eradicate Helicobacter pylori, we should consider reducing adverse drug reactions without reducing the eradication rate.

Appropriately shorten the course of treatment phase. Adverse reactions of drugs are related to the length of time they are used. The side effects of prolonging the use of drugs increase correspondingly. Of course, too short course of treatment also affects the eradication rate of Helicobacter pylori. Many literature studies show that the eradication effect of the 10-day course of treatment is similar to that of the standard regimens, while the adverse reactions are significantly reduced.

Reduce the dosage of certain therapeutic drugs. Studies have shown that the use of half of amoxicillin, clindamycin or two-thirds of metronidazole and furazolidone for eradication treatment can reduce adverse reactions of patients, while the eradication rate of Helicobacter pylori has not significantly decreased. In addition, the effect of standard dose rabeprazole in eradication treatment was similar to that of double dose rabeprazole.

Priority should be given to the use of proton pump inhibitors, which have little effect on the metabolism of drug enzymes in the liver. In the eradication of Helicobacter pylori, proton pump inhibitors, such as pantoprazole and rabeprazole, which are stable, effective and less affected by hepatic drug enzyme gene polymorphism, are recommended to reduce drug interactions due to the variety of drugs used.

Antibiotics with fewer adverse reactions were used to form therapeutic regimens. For example, in the standard scheme, metronidazole could be used less and Tinidazole could be used instead. Clindamycin or levofloxacin could be used instead of furazolidone and tetracycline. In addition, when conditions permit, it is suggested that bismuth-containing regimens could be used instead of bismuth-free regimens. In sequential treatment, levofloxacin or tinidazole could be used, while metronidazole and tetracycline are less used. Of course, the above adjustments should take into account the bacterial resistance to ensure that the eradication rate of Helicobacter pylori is not affected.

Change the treatment plan as appropriate when necessary. Some studies have shown that the incidence of adverse reactions in sequential therapy is less than that in standard treatment regimens, while the eradication rate of Helicobacter pylori has not decreased significantly. Although there are also disputes. Personally, I think that the reason for the less adverse reactions may be that, when compared with the standard treatment, less drugs were used at the same time during the treatment period in sequential therapy.

Joint use of probiotics in treatment regimens. Because of the emphasis on the use of a variety of antibiotics in the eradication of Helicobacter pylori, the prevention of intestinal flora imbalance has become the focus of reducing adverse drug reactions. Many literatures have shown that the combined use of probiotics in the eradication of Helicobacter pylori can not only reduce the side effects of drugs, but also improve the eradication rate of Helicobacter pylori. Studies also showed that, when compared with other probiotics, Lactobacillus had the best effect. Probiotics have anti-Helicobacter pylori effect. Studies have shown that the eradication rate of probiotics combined with triple standard regimens is not lower than that of quadruple standard regimens, while adverse reactions are significantly reduced.

In summary, in the eradication of Helicobacter pylori, because each patient's specific situation is different, we should try our best to individualize in the formulation and implementation of the regimens. For example, for the thin or weak patients, we can

consider all the above-mentioned methods; and for the ordinary patients, in order to ensure the effect of eradication of Helicobacter pylori, we do not advocate shortening the course of treatment and reducing the dose, we could use other above-mentioned methods as appropriate. If so, we could achieve high efficiency and low toxicity.