# *H. pylori* Perspectives - Part 3

## The PCP's Role in Diagnosis, Treatment & Eradication

**PODCAST 54**

**00:03**

**Dr. Jane Caldwell**

Hi, I'm your host, Jane Caldwell. Welcome to the *On Medical Grounds* podcast, your source for engaging, relevant, evidence-based medical information. As stated in the 2024 American College of Gastroenterology Clinical Guidelines, *Helicobacter pylori* is a gram-negative, spiral-shaped bacterium that has adapted to survive in the harsh, acidic environment of the human stomach.

*H. pylori* remains one of the most common chronic bacterial infections of humans worldwide and is the leading cause of infection-associated cancer globally. Because primary care physicians are the gatekeepers of this disease, this OMG interview will cover *H. pylori* testing, diagnosis, and treatment with Dr. Michael Cobble, a family practice physician working on the front line of patient care.

Dr. Michael Cobble is director of Canyons Medical Center in Sandy, Utah. He received his degree from the University of Utah School of Medicine, where he completed a residency in family medicine. He has authored or co-authored articles in the *Journal of Family Practice* and the *American Journal of Therapeutics*. Dr. Cobble has been featured on the Emmy Award-winning syndicated TV talk show "*The Doctors*" and the radio show "*Green Tea and Honey*".

Hello Dr. Cobble. Welcome to *On Medical Grounds*.

**Dr. Michael Cobble**

Thank you, it's great to be here.

**01:38**

**Dr. Jane Caldwell**

It's estimated that up to half of the world's population may be infected with *H. pylori*. This includes 30 to 40% of individuals in the United States. Despite this high prevalence, *H. pylori* infection is symptomatic in only 10 to 15% of cases. As a primary care physician, can you share how your patients with a suspected *H. pylori* infection can first present in your office?

**Dr. Michael Cobble**

Well, I think the big point here is that one in three Americans have *H. pylori*, but very few of them have any symptoms that they may come in and complain about. So, if you have an asymptomatic bacterial infection, it's hard to identify it. I think as primary care clinicians, we just need to be thinking about the fact that one in three of our patients have this bacterial infection and it raises their risk for gastric cancer six-fold.

So, I think just putting it on the radar, thinking about it and screening for it, just like we screen for breast cancer and colon cancer and osteopenia and osteoporosis and prostate cancer, I think screening for a bacteria that can cause cancer has large value in our practice every day.

**03:00**

**Dr. Jane Caldwell**

What are the risk factors for *H. pylori* infection?

**Dr. Michael Cobble**

Well, I think lower socioeconomic status, I think large households, poor hand hygiene, people that travel a lot, maybe cruise ships, I think being exposed to this bacteria that's in the environment, especially with poor water and poor hygiene, I think that's the main risk factor.

**03:30**

**Dr. Jane Caldwell**

How are your patients describing their symptoms and how they feel?

**Dr. Michael Cobble**

Well, I think if people have symptoms at all, typically it's mild. A lot of people might present with mild irritable bowel type symptoms. They might present with what they think celiac; they think they're allergic to dairy or to wheat or gluten type products. But mild dyspepsia, mild burning, maybe a change in their bowel habits, maybe gas up or down. But typically, symptoms are pretty mild. And again, just thinking about screening anyone over twenty with mild GI symptoms. It's such an easy screening test. I think that's the key point.

**04:13**

**Dr. Jane Caldwell**

I see. How does a patient cope with their symptoms before they come to see you?

**Dr. Michael Cobble**

Well, most of them have made some dietary changes, again, avoiding dairy or avoiding certain vegetables or gluten type products, or they're just taking Alka Seltzer® or they're taking Tums or an over-the-counter acid type medication.

**04:36**

**Dr. Jane Caldwell**

What is your approach regarding symptoms treatment and testing with a patient who you suspect may have an *H. pylori* infection?

**Dr. Michael Cobble**

Well, I think the key point's just keeping it in mind that it's common, one in three people and it's easy to screen for. So, my approach would be just like any screening blood work or screening test is just to incorporate it into your practice. And you know, either do a fecal antigen test, a stool antigen test, or a urea breath test. I think those are the two key tests that you can do for screening.

**05:16**

**Dr. Jane Caldwell**

If you treat the symptoms first and then order testing, what do you prescribe prior to receiving test results?

**Dr. Michael Cobble**

Well, I don't want them on proton pump inhibitors or potassium channel blockers. I don't want them on an H2 blocker, or an antacid is fine. I'll usually stop those a day or two before the test, but I want them off of the potent acid reductive medications for at least two weeks. And that's key. I think that's really important

to keep that in mind. No over the counter Prilosec® or omeprazole or prescription strength proton pump inhibitors, be off those for two weeks before testing.

**06:01**

**Dr. Jane Caldwell**

Are there other causes of gastric distress that may present with very similar symptoms?

**Dr. Michael Cobble**

Well, I think again, your review of systems, your exam, the surgical history, medical history of the patient. I mean, think of colitis, diverticulitis, think of gallbladder, yeah, their esophagitis, reflux, there are all types of things that I think during your exam and your evaluation you're going to think about. You may consider imaging, et cetera. But I think that again, just knowing that one in three Americans have this bacteria in their stomach and most of them are asymptomatic, just screening for it like you normally would screen for anything for patients over forty.

**06:46**

**Dr. Jane Caldwell**

So to differentiate between *H. pylori* and something else, what are your preferences for testing?

**Dr. Michael Cobble**

Well, I'm going to do traditional blood work, you know, your CBC, CMP, maybe a B12, vitamin D, etcetera, prostate in men. If you think that the dyspepsia or the change in their in their appetites coming from diabetes, get a urine test. I mean just traditional simple things. And then you might consider an ultrasound or you might consider other imaging, you might consider referral to a gastroenterologist if you don't feel comfortable with how the patient's presenting. But I think just simple everyday stuff that we do, you know, we think about this all day long for people that present with stomach issues.

**07:37**

**Dr. Jane Caldwell**

If testing provides a positive *H. pylori* diagnosis, what are your standard treatment approaches?

**Dr. Michael Cobble**

Well, I think with clarithromycin resistance and quinolone resistance, I don't use those products anymore. So usually quadruple therapy with bismuth, tetracycline, metronidazole, and a BID proton pump inhibitor or a BID potassium channel acid blocker, it would be my treatment for two weeks. The other option, if you have less compliant patients that can't take that many medications during the day would be doing the just BID Voquenza®, which is the prescription—the newer acid prescription—for two weeks and then TID amoxicillin if they're not allergic to penicillin that would be the other option for two weeks.

**08:39**

**Dr. Jane Caldwell**

I see. The new ACG guideline outlines the need for retest to verify a cure. They recommend that the retest should be initiated four weeks after the antibiotic therapy with either a urea breath test or a fecal antigen test. Do you have a preference?

**Dr. Michael Cobble**

Well, I love both those tests. So, I think that in in younger people, maybe an adolescent, I would do the fecal test. It's a little bit easier, but I think both work great. Both are very sensitive and specific. So, I think ordering either of those at your local lab is fantastic.

**09:18**

**Dr. Jane Caldwell**

In your practice, are there obstacles to performing the recommended retest?

**Dr. Michael Cobble**

Well, I think just making sure the patient is coming back. So, I like to see the patient back at the two-week interval when they've finished their medications. And then at that point tell them we need to retest them in four weeks, a month later, and make sure that they're not on any prescription acid or over-the-counter proton pump inhibitors for two weeks prior to that retest.

But I do want to tell them I want to make sure that bacteria is gone because it raises their risk for stomach cancer or mucosal lymphoma six-fold. And the lifetime incidence, if you have *H. pylori* infection chronically, the lifetime incidence for gastric cancer is 3%. Where when you think about colon cancer, and we screen for that all the time with colorectal blood tests or Cologuard® or colonoscopy.

Lifetime incidence of colon cancer is four percent. So, this is not something that we should take lightly. It's something we should strongly be screening for. We screen for colorectal cancer risk for everyone over forty-five and certainly anyone with family history. So again, I think just educating the patient that this is a bad bacteria, you may not have symptoms, but it can cause some bad things long term.

**10:47**

**Dr. Jane Caldwell**

When would you refer the patient to a gastroenterologist?

**Dr. Michael Cobble**

I don't think it's unreasonable to do that. I think if you're not comfortable with the patient's symptoms or you feel like it might be something that's more acute, more of an emergency type issue. Again, most people with *H. pylori* are not having symptoms. They're not acutely ill. But I think in that setting, if you think it's more of an emergency or just something you don't feel comfortable managing, the GI referral's reasonable.

**11:22**

**Dr. Jane Caldwell**

So many people don't realize that *H. pylori* is transmissible and it can spread in homes with close contact, for example, from sharing food or drink. Can you share your views on the appropriateness of screening household family members?

**Dr. Michael Cobble**

Well, because one in three people have this and everyone in the household is sharing foods and drinks and I eat my kid's leftover food all the time. So, I think that if anyone in the family or the household has a positive *H. pylori* test, then I would screen everybody.

**11:59**

**Dr. Jane Caldwell**

How about family members of patients who have gastric cancer?

**Dr. Michael Cobble**

I would definitely screen all of them. I mean, again, that's a high-risk population. People with BRCA genotypes, very high-risk populations. So, I think those are all reasonable to screen. Again, just keep in mind one in three Americans have this bacteria. So, you're not screening for something that's rare or unusual. You're screening for something that's quite common.

**12:27**
**Dr. Jane Caldwell**
What do you find is the biggest challenge for diagnosis of *H. pylori*?

**Dr. Michael Cobble**
Just not thinking about it. Again, most people are asymptomatic, just like most people with colon polyps are asymptomatic. So just not thinking about it is the biggest challenge and not having a conversation with the patient and not ordering the test. You know, the test is such an easy thing to order. Just think about it. I mean, you're doing prostate exams every day, you're doing breast exams every day, you're setting up colonoscopies every day. So, I just I just think putting it on your radar and thinking about it.

**13:06**
**Dr. Jane Caldwell**
If you could educate your patients about one thing regarding *H. pylori*, what would it be?

**Dr. Michael Cobble**
That one in three Americans have it, and you usually don't have symptoms, and it raises your risk, lifetime risk, for stomach cancer six-fold and it's an easy thing to identify and it's an easy thing to treat.

**13:31**
**Dr. Jane Caldwell**
Is there something that we didn't cover today that you'd like to mention concerning *H. pylori* infection?

**Dr. Michael Cobble**
I don't think so. I think we went through it in great detail. Again, I think it's just something that's really common. It's something we should screen for. I think for any adult over forty, we should be screening for this bacterial infection with simple testing that's available. And I think probably anyone that has mild GI symptoms over the age of ten, it's not an unreasonable thing to add to your screening routine, just like you do with other blood work and testing. So, I think anyone with mild symptoms above age ten, I would certainly include it. And then probably any asymptomatic adult over forty, maybe even thirty, I would put it as part of the considerations in your practice.

And one last thing, and I'm not sure I went into the detail on that. Make sure that you retest for this. I know we mentioned it once but make sure you retest to make sure the bacteria is eradicated four weeks after they complete their antibiotic therapy. So again, make sure when you test for it, they're not on a proton pump inhibitor for the prior two weeks if you're trying to identify it. And then four weeks after they finish the antibiotic, retest and make sure the bacteria is has been eradicated. So, testing to see if they have it and testing and make sure that it was completely cured.

**15:07**
**Dr. Jane Caldwell**
All right, noted.

Dr. Cobble, thank you so much for taking time from your busy schedule to speak with us.

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