GASTRO-HEP News

By Kay Downer

No Decrease in Long-Term Quality of Life for Liver Donors

Given the shortage of livers from deceased donors, living-donor liver transplantation is becoming increasingly common. To assess the impact of this procedure on donors' quality of life (QOL), Takada and coworkers surveyed donors whose procedures were performed at Kyoto University Hospital between June 1990 and June 2004. Of the 1,000 living-donor liver transplantations performed at Kyoto University Hospital during this period, 997 donors were contacted by mail and asked to complete the Short Form 36 health survey; responses were received from 578 donors (58%). Results of this study were published in the November issue of *Liver Transplantation*.

This survey found that norm-based, health-related QOL scores were better for liver donors compared to scores for Japanese norms across all time periods. Scores were found to be similar for left-lobe and right-lobe liver donors. Using a multivariate logistic regression analysis, the researchers identified several factors that were associated with lower health-related QOL among liver donors: age, number of months until recovery to the preoperative health status, hospital visits due to donation-related symptoms, missing work due to donation in the past month, and the presence of 2 or more comorbidities. However, postoperative complications and recipient mortality were not predictors of poor health-related QOL.

Concomitant Use of Immunosuppressants May Improve Efficacy of Adalimumab Therapy

Previous research has shown that combination therapy consisting of infliximab (Remicade, Janssen Biotech) plus immunosuppressants is more effective than infliximab monotherapy. Recently, a retrospective study was performed to determine whether therapy with adalimumab (Humira, Abbott) is also more effective when combined with immunosuppressants. Results of this study were published in the December issue of *Alimentary Pharmacology & Therapeutics*.

Using data from patients with Crohn's disease who were treated in Oxford, United Kingdom or Liège, Belgium, Reenaers and coauthors evaluated the efficacy of induction and maintenance therapy comprised of either adalimumab alone or adalimumab plus immunosuppressants. Treatment was divided into 6-month periods for the purpose of analysis, and a disease flare was defined as adalimumab dose escalation, need for steroids, perianal complications, or surgery.

Induction therapy with adalimumab was successful in 171 of 207 patients (83%), and use of concurrent immunosuppressants did not affect the percentage of patients who achieved remission (85% with adalimumab plus immunosuppressants vs 82% with adalimumab monotherapy; P=.50). During maintenance therapy, concurrent use of immunosuppressants was not associated with fewer 6-month periods with flare (34% vs 35%, respectively; P=.96) or with adalimumab failure (6% vs 8%, respectively; P=.43). However, use of combination therapy in the first 6 months of treatment was associated with a lower risk of adalimumab failure (5% vs 10%, respectively; P=.04; odds ratio=.48). Also, use of adalimumab plus immunosuppressants beyond 6 months of therapy was associated with fewer 6-month periods with flares (14% vs 36%, respectively; P=.02; odds ratio=.31).

Quadruple Therapy Is Effective for the Treatment of *Helicobacter pylori* Infection

Due to growing antibiotic resistance, new regimens are needed to treat *Helicobacter pylori* infection. In a recent study conducted in Australia, Tay and colleagues tested several quadruple therapy regimens and found them to be effective when used as salvage therapy; results of this study were published in the December issue of *Alimentary Pharmacology & Therapeutics*.

Attempts to culture *H. pylori* were successful in 98.7% of the patients enrolled in this study, all of whom had previously failed at least 1 course of 7-day triple therapy comprised of a proton pump inhibitor (PPI), amoxicillin, and clarithromycin. Antibiotic sensitivity testing revealed that 94.1% and 67.6% of samples were resistant to clarithromycin and metronidazole, respectively. Of the 310 patients in this study, 279 were treated with a quadruple-therapy regimen comprised of a PPI, rifabutin, and ciprofloxacin plus either amoxicillin (for patients without an allergy to the drug) or bismuth subcitrate (for patients with an allergy to amoxicillin). This regimen successfully eradicated *H. pylori* in 95.2% of patients who received the amoxicillin-containing regimen and 94.2% of patients who received the bismuth subcitrate–containing regimen. In 31 patients, personalized salvage therapy regimens were developed based on the observed antibiotic sensitivities; these regimens achieved an *H. pylori* eradication rate of 73.8%. Personalized therapy was also used as alternative salvage therapy for 11 patients who failed to achieve *H. pylori* eradication with the initial quadruple therapy regimen; the eradication rate in this setting was 45.4%.