

# Managing Patients With *Helicobacter pylori* Infection



**H***elicobacter pylori* infection affects more than one-half of the global population and almost one-third of the US population. Management of this infection has become more challenging over the past several decades because of rising antibiotic resistance. A review article in this month's issue of *Gastroenterology & Hepatology* explores current and emerging management strategies for *H pylori* infection in the United States. Dr Jonathan J. C. Ho, Dr Erick A. Argueta, and Dr Steven F. Moss examine empiric treatment with bismuth-based quadruple therapy, high-dose dual therapy, rifabutin-based triple therapy, and treatment regimens for refractory *H pylori* infection. The authors also review antimicrobial resistance testing, optimization of proton pump inhibitors, whether probiotics have a role in the treatment of *H pylori* infection, and risk factors for treatment failure.

Another review article this month examines withdrawal of nucleoside/nucleotide analogue treatment in patients who have chronic hepatitis B (CHB) hepatitis B envelope antigen (HBeAg)-negative infection. Dr Paul J. Pockros and Dr Ashwini Mulgaonkar start by discussing the current standard of care and guidelines for CHB therapy, including the duration of treatment. The authors then review a number of recent studies and abstracts that have been presented on withdrawal of nucleoside/nucleotide analogue treatment in CHB HBeAg-negative patients, discuss the monitoring of patients who stop treatment, and note the need for further data in this area.

Another type of hepatitis is the focus of our Advances in Hepatology column, which examines the elimination of hepatitis C virus (HCV) in patients who are indigent; these patients often are homeless, jobless, or undocumented. Dr Emmanuel Thomas discusses the challenges of eliminating HCV, why a large number of patients currently infected with HCV are indigent, how some states are adopting a

Netflix-type treatment model, and research on HCV treatment in indigent patients, along with related issues.

Another column involving liver disease explores the possible role that carvedilol may have as chemoprophylaxis for hepatocellular carcinoma (HCC). In our HCC in Focus column, Dr Rohit Sinha discusses research on potential chemopreventive agents for HCC, why carvedilol might lower the risk of HCC, how this agent compares with other nonselective beta blockers, and its use for managing portal hypertension and in the setting of ascites, among other issues.

Treatment failure is examined in our Advances in IBD column. Dr Alan C. Moss discusses how to determine that therapy has failed, the reasons failure may occur, and whether it can be predicted. He also discusses other important issues, such as how to decide which therapy to try next, as well as response and remission rates after disease fails to respond to a biologic or when using a different mechanism of action following therapeutic failure.

Finally, diet and irritable bowel syndrome (IBS) is the focus of our Advances in IBS column, which is authored by Dr Lin Chang. Her discussion includes the correlation between certain foods and IBS, whether restrictive diets affect symptoms of IBS, whether probiotics have a role in IBS management, and when patients should be referred to a dietitian.

May this issue provide you with helpful information that you can put to good use in your clinical practice.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name being the most prominent.

Gary R. Lichtenstein, MD, AGAF, FACP, FAGC