

Concomitant, sequential Tx similar for *H. pylori* eradication

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(HealthDay)—For eradication of *Helicobacter pylori* infection, concomitant therapy (CT) is equivalent to sequential therapy (ST), and hybrid therapy offers similar efficacy to CT, according to research published online April 13 in the *Journal of Gastroenterology and Hepatology*.

Using data from seven studies involving 2,412 adult patients, Joon Sung Kim, from the Catholic University of Korea in Incheon, and colleagues conducted a meta-analysis to compare the efficacy of CT with ST for eradication of *H. pylori* infection. The researchers found observed no significant differences between CT and ST. The pooled odds ratio was 1.116 (P = 0.526) and 1.153 (P = 0.455) in intention-to-treat (ITT) and

per-protocol (PP) analyses, respectively. There was no between-group difference noted in the rate of [adverse events](#) (odds ratio, 1.229; P = 0.086) or compliance (odds ratio, 0.945; P = 0.681).

Jun Heo, from the Kyungpook National University Hospital in Daegu, South Korea, and colleagues validated the equivalence of first-line concomitant and hybrid regimens for *H. pylori* infection in a randomized trial involving patients from six hospitals in Korea. The researchers found that eradication rates were 78.6 and 78.8 percent for concomitant and hybrid therapy, respectively, in ITT analysis, and 89.8 and 89.6 percent, respectively, in PP analysis. The 95 percent confidence intervals fell within the ± 8 percent equivalence margin for both analyses. For nausea and regurgitation, adverse events were higher in the concomitant versus the hybrid group.

"Hybrid [therapy](#) could be a reasonable first-line treatment option for *H. pylori* in areas with high antibiotics resistance," Heo and colleagues write.

The Heo study was funded by AstraZeneca, which supplied the esomeprazole.

More information: [Abstract - Kim](#)

[Full Text](#)

[Abstract - Heo](#)

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