



Pharmacist-Managed Helicobacter Pylori Treatment Clinic: Outcomes and Opportunities

Background The effectiveness of a pharmacist-managed “test and treat” Helicobacter Pylori clinic are described. This data will be shared to improve appropriate utilization of this clinic. During 2003, 89 patients with signs and symptoms of ulcer disease or dyspepsia were referred for H. Pylori using the C14 breath test (41% Internal Medicine, 40% Family Practice). Twenty-eight patients tested positive and were treated with complete follow-up in 27 patients. Most patients received proton pump inhibitors (57%) or H2RA’s (28%) in the 3 months prior to antibiotic treatment. The primary eradication regimens were: amoxicillin/ metronidazole/PPI (55%), amoxicillin/clarithromycin/PPI (15%) and clarithromycin/metronidazole/PPI (22%). Treatment success was confirmed by a post treatment C14 breath test in 17/27 (63%) with 16/17(94%) of patients demonstrating eradication. Failure on previous antibiotic therapy was noted in 2/27 patients (7%) and repeat antibiotic therapy was undertaken in one patient despite a negative breath test. Adverse events were limited to allergy to antibiotic regimen (2) and diarrhea (1). Patients requiring drugs for dyspepsia in the 3months post therapy decreased from 85% to 33%. PPI use decreased from 57% to 33%. An economic and quality of life analysis was conducted. The costs of H. pylori breath testing (\$53) and 14 day of antibiotic/PPI treatment (\$60-\$70) would be offset within 100 days for the 24% of patients no longer requiring PPI’s. The results of the quality of life questionnaire are being analyzed. Ongoing clinical trials will further clarify the utility of “test and treat” vs. empiric therapy for primary care patients with dyspepsia.

Purpose Describe the effectiveness of a pharmacist-managed C-14 urea breath test (UBT) “test and treat” H. pylori clinic at Madigan Army Medical Center (MAMC). Demonstrate how this data will improve appropriate utilization of this clinic compared to other strategies

Conclusion The C-14 urea breath test model for the “test and treat” leads to cost savings on PPI’s and has a lower overall cost per patient identified and treated (positive test). A 24% reduction in PPI use was noted with C-14 UBT vs. 5% with quantitative serology. Extrapolated cost savings is \$423 per patient year. PPI drug cost reduction is linked to pharmacist intervention during documentation of eradication (i.e. interruption of PPI in preparation for 2nd C-14 UBT with education regarding discontinuation of PPI when eradication is established). C-14 UBT had a lower cost per patient identified and treated – “positive test” (\$85 vs. \$142), which may be due to pretest screening done by pharmacist.

The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of Defense..



Presented at the American Pharmacists Association Annual Meeting in Seattle, Washington, March 28-29, 2004 and the Association System Health Pharmacist Meeting in June 2004.

