

STOP WORRYING

The answer to a 'stress-related' ulcer might simply be a course of antibiotics. Dr John Gilbody reports on the latest treatment for 'gippy' tummies

One in ten people in the West suffers from a peptic ulcer at some point in their lives. Though rarely fatal, it causes a high degree of suffering - let alone untold economic cost.

But for many centuries, the cause of peptic ulcer has remained unknown. At the beginning of the 20th century, stress and dietary factors were thought to be important, and treatment focused on bed rest and special, bland foods. Later, it was believed that the characteristic inflammation of the stomach or duodenum was caused by excess gastric acid. This led to acid-neutralising drugs such as Zantac, now the best-selling drug in the world. More recently, proton pump inhibitors proved to be highly potent inhibitors of acid secretion, and have become popular.

These therapies, however, only provide symptomatic relief; they are not cures. Doctors still put the cause of peptic ulcers down to anxiety, overwork and stress. But, this position is now slowly changing.

breakthrough

In 1984, an Australian physician, Barry Marshall, published an article in the *Lancet* medical journal proposing for the first time a single root cause for peptic ulcer - infection with the bacterium *Helicobacter pylori* (H pylori).

But despite the breakthrough in knowledge, surveys today have found only half of GPs to be aware of the significance of Marshall's findings. Part of the reason is undoubtedly scepticism. But a more likely reason is the huge profits earned by drug companies through Zantac-type symptomatic treatments. A one-off cure for peptic ulcer, based on cheap, unprofitable antibiotics, hardly appeals! And as a lot of the drug education that GPs receive comes from drug company-sponsored leaflets, it's easy to see why

doctors have remained ignorant of H pylori.

H pylori has been found to infect the stomachs of 50% of the world's population (25% in the West); but what evidence is there to show that it causes peptic ulcer?

The prevalence of H pylori in patients with duodenal ulcer - about 95% - and patients with stomach ulcer - 70-80% - is much higher than in the general population. One study in Italy found 37% of asymptomatic blood donors who were positive for H pylori had active peptic ulcer disease. In terms of treatment,

H pylori has been eradicated with a one-week course of antibiotics giving relief from duodenal ulcers as rapidly as the best acid-suppressing symptomatic treatments. But more importantly the relapse rate of peptic ulcers has been found to be much lower after H pylori treatment: Only 0-3% per year suffered a recurrence of the disease compared with 60-90% for untreated patients and 10-30% for people treated with acid suppressors.

So what about the future? In 1994 a consensus conference on the role of H pylori in peptic ulcer disease was held by the American National Institutes of Health. This concluded that ulcer patients infected with the H pylori bacteria



should be treated with antibiotics. But treatment of all patients with anti-H pylori drugs cannot presently be justified, and would also increase the risk of producing 'bacterial resistance' to antibiotics.

Clearly, further research is needed into H pylori and its treatment. Recent evidence has emerged though, which could have exciting implications for the prevention and treatment of many types of cancer. In addition, it is possible that this could lead to a link between coronary-artery disease and H pylori infection. But my prediction is that this bacterium will be detected in an increasing number of diseases, and could completely change the future of many aspects of medicine. ■

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