

中文題目：比較自 2013 年五年期間台灣抗藥菌株改變之下不含鉍四合一處方在第一線抗幽門桿菌療法治療成功率的研究報告

英文題目：The efficacies of non-bismuth containing quadruple therapies in the treatment of first-line anti-*Helicobacter pylori* across 5-year time interval with changing antibiotics resistance

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Background:

Non-bismuth containing quadruple therapy is alternative treatment for *Helicobacter pylori* eradication with increasing clarithromycin-resistant strains over times. This study compared the efficacies of non-bismuth containing quadruple therapy in the treatment of first-line anti-*Helicobacter Pylori* between two time intervals.

Method:

A total of 246 patients were treated with concomitant therapy as first line regimen in naive infected subjects aged eighteen or older from January 2013 to December 2017 at Chang Gung Memorial Hospital in Kaohsiung. After excluding 46 patients who were prescribed lansoprazole, pantoprazole as the proton-pump inhibitors, we enrolled a total of 197 patients in the intention-to-treat. They were then divided into EACM-A group (enrolled from January 2013 to June 2014, N=98) and EACM-B group (enrolled from June 2016 to December 2017, N=99). Patients were prescribed with 7-day esomeprazole 40 mg bid., clarithromycin 500 mg bid., amoxicillin 1 g bid. and metronidazole 500 mg bid. Ninety patients and 93 patients were analyzed in the per protocol analysis. Urea breath tests were performed 8 weeks thereafter.

Results:

The eradication rates for EACM-A and EACM-B groups were 87.8% (95% confidence interval [CI] = 79.7% to 93.5%) and 84.8% (95% CI= 76.2% to 91.2%) (p=0.55) in intention-to-treat (ITT) analysis; 95.6% (95% CI= 89.1% to 98.8%) and 90.3% (95% CI= 82.4% to 95.5%) (p=0.17) in per protocol (PP) analysis. The adverse event rates were 16.7% vs. 10.8% in the 2 groups (p=0.24). The antibiotic resistance rates between the 2 groups were amoxicillin (0%), tetracycline (0%); clarithromycin (11.8% vs. 17.8%, p=0.46); metronidazole (32.4% vs. 33.3%, p=0.93) and levofloxacin (14.7% vs. 37.8%, p=0.02).

Conclusions:

The success rate of 7-days concomitant therapy encountered an approximately 5 % decrease across 5-year time interval (2013-2017) with the changes of clarithromycin resistance from 11.8% to 17.8% in Taiwan.