

## PHARMACOTHERAPY HELICOBACTER INFECTIONS

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*Helicobacter pylori* is the most important etiological factor in peptic ulcer (92% of cases) and duodenal ulcers (70%). Epidemiological studies conducted in various countries have shown greater prevalence *Helicobacter pylori* and a clear dependence on the socio-economic development. Thus, in the developed countries of Europe the number of infected is 15-20%, while in some countries in Africa and Asia – 70-76%. For Ukraine, this figure is about 80-85%, and for children (depending on age) – 40-70%.

11-13 September 2011 year in Dublin (Ireland), a regular meeting of the XXIV International Working Group on *Helicobacter pylori* and similar bacteria in chronic inflammatory conditions of the digestive tract and stomach cancer, which was approved key provisions on the treatment of diseases of the gastrointestinal tract associated with *Helicobacter pylori*.

In accordance with the provisions of treatment should be carried out as follows. Should stop triple therapy with proton pump inhibitors and clarithromycin without previous study of sensitivity to clarithromycin at the level of resistance to clarithromycin in the region more than 15-20%. Clarithromycin schemes are recommended as first-line empiric therapy in regions with low resistance to clarithromycin. An alternative is to appoint quadrotherapy with bismuth. Appointment of high-dose proton pump inhibitors I (twice a day) increases the effectiveness of triple therapy. Increasing the length of triple therapy with a proton pump inhibitors and clarithromycin from 7 to 10-14 days increases the success rate of eradication by 5%. Efficiency schemes “proton pump inhibitors + clarithromycin + metronidazole” and “proton pump inhibitors + clarithromycin + amoxicillin” is equal. Some probiotics and prebiotics show good results as a complementary therapy that can reduce side effects. Proton pump inhibitors-clarithromycin-containing schemes should be adapted to the patient, in addition to the dose.

Thus, today *Helicobacter pylori* is important and at the same time, still little known microbiological agent of the upper gastrointestinal tract of man. Ways of improving the treatment of *Helicobacter pylori* infections are using of antibiotics without resistance, simplified treatment regimens (reducing multiplicity of drugs and reducing the length of the course), the choice of the most powerful and safe antisecretory drug.