

# PHARMACOTHERAPY OF CHRONIC GASTRITIS

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**Introduction.** Gastritis is a condition in which the stomach lining is inflamed. *Helicobacter pylori* (*H. pylori*) remains one of the most common worldwide human infections and is associated with gastric malignancy.

**Aim.** The aim of the report is to inform about the main symptoms and causes of chronic gastritis and actual pharmacotherapy.

**Materials and methods.** Pharmacotherapy of *H. pylori*: first line – triple therapy: sequential therapy consisting of a proton pump inhibitor and amoxicillin 1000 mg bid for 5–7 days followed by a proton pump inhibitor, clarithromycin 500 mg bid, and a nitroimidazole 500 mg bid for 5–7 days. Concomitant triple therapy consisting of a proton pump inhibitor, clarithromycin, and amoxicillin or metronidazole 500 mg bid (for penicillin allergic patients) for 14 days remains a recommended treatment option in regions where *H. pylori* clarithromycin resistance is known to be <15% and in patients with no previous history of macrolide exposure for any reason. Levofloxacin triple therapy consisting of a proton pump inhibitor, levofloxacin proton pump inhibitor, and amoxicillin for 10–14 days is a suggested first-line treatment option for persistent infection. Bismuth quadruple therapy consisting of a proton pump inhibitor plus tetracycline 500 mg QID plus bismuth subsalicylate or subcitrate 525 mg QID and a metronidazole or levofloxacin or nitroimidazole for 10–14 days is a recommended option for patients who failed first line therapy. Rescue therapy consists of: proton pump inhibitor plus tetracycline or amoxicillin plus furazolidone 100 mg TID or tetracycline (if not already selected) or metronidazole plus bismuth potassium citrate 220 mg BID for 7 days. Rifabutin triple regimen consisting of a proton pump inhibitor, amoxicillin, and rifabutin for 10 days is a suggested rescue therapy or high-dose dual therapy consisting of a proton pump inhibitor and amoxicillin for 14 days.

**Results and discussion.** Bismuth-containing quadruple therapy following the development of a galenic formulation including bismuth salts, tetracycline and metronidazole in the same pill (Pylera). Prevpac: Lansoprazole 30mg (2 caps containing granules), clarithromycin 500mg (2 tabs), amoxicillin 500mg (4 caps) per pack. Helidac: bismuth subsalicylate 262.4mg; metronidazole 250mg; tetracycline hydrochloride 500mg. Symptomatic pharmacotherapy: antacids (sodium bicarbonate), aluminum hydroxide/magnesium hydroxide (maalox), calcium carbonate/ magnesium hydroxide (rolaids), histamine 2 blockers (famotidine, ranitidine).

**Conclusions.** *H. pylori* may also have a role in uninvestigated and functional dyspepsia, unexplained iron deficiency anemia, and idiopathic thrombocytopenic purpura. Gastritis can be prevented and treated.