

HpSA®



WHAT ARE THE TREATMENT OPTIONS IF YOU HAVE *H. PYLORI* INFECTION?

H. pylori treatment is 1-2 weeks of two antibiotics plus a medicine that will reduce the acid in the stomach. This treatment helps cure ulcers because eliminating *H. pylori* with antibiotics means that there is a greater than 90% chance that the ulcer can be cured for good. It is very important to continue taking all the medicine, even when you begin to feel better. If you are having side effects that make it hard to take your medicine, talk to your health care provider.

ARE THERE ANY LONG-TERM CONSEQUENCES OF *H. PYLORI* INFECTION?

Recent studies have shown an association between long-term infection with *H. pylori* and the development of gastric cancer. In 1994 the World Health Organization declared *H. pylori* a group-1 carcinogen. Gastric cancer is the second most common cancer worldwide.

For more information about *H. pylori*, go to www.hpylorilearningcenter.com

MERIDIAN BIOSCIENCE, INC.

Meridian is a fully integrated life science company that develops, manufactures, markets and distributes a broad range of innovative diagnostic test kits, purified reagents and related products and offers biopharmaceutical enabling technologies.

The Company's products are designed to enhance patient well-being while reducing the total outcome costs of healthcare. Meridian has strong market positions in the areas of gastrointestinal and upper respiratory infections, serology, parasitology and fungal disease diagnosis. In addition, Meridian is a supplier of rare reagents, specialty biologicals and related technologies used by biopharmaceutical companies engaged in research for new drugs and vaccines.



USA/Corporate Office
3471 River Hills Drive, Cincinnati, Ohio 45244
Telephone: 513.271.3700
Customer Service: 1.800.543.1980
Technical Support: 1.800.343.3858
www.meridianbioscience.com

MBI_HpSA Patient Guide_2016-06-14

Get the
Real Story
on *H. pylori*



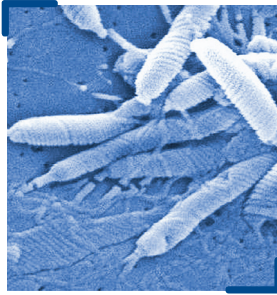
Important information on the causes, risks, and prevalence of *H. pylori* infection.

Test It. Treat It. Test It Again.

HpSA®
Meridian Bioscience®, Inc.

WHAT IS *H. PYLORI*?

Helicobacter pylori (*H. pylori*) is a spiral-shaped bacterium that is found in the lining of the stomach. Although we used to think that spicy food, acid, and stress were the major causes of ulcers, we now know that eight out of ten ulcers are caused by the *H. pylori* bacteria.



H. pylori bacteria

WHAT IS AN ULCER?

An ulcer is a sore or hole in the lining of the stomach or duodenum (the first part of the small intestine). 25 million Americans suffer from ulcers¹, and people of any age can get an ulcer. Additionally, women are just as likely as men to get an ulcer.

WHAT ARE THE SYMPTOMS OF ULCERS?

Each year there are 500,000 to 850,000 new cases of ulcers (peptic ulcer disease) and more than one million ulcer-related hospitalizations.¹ The most common ulcer symptom is gnawing or burning pain in the stomach. This pain typically occurs when the stomach is empty, between meals and in the early morning hours, but it can also occur at other times. It may last from minutes to hours and may be relieved by eating or by taking antacids. Less common ulcer symptoms include nausea, vomiting, and loss of appetite. Bleeding can also occur; prolonged bleeding may cause anemia leading to weakness, fatigue, and death.

WHAT OTHER ILLNESSES DOES *H. PYLORI* CAUSE?²

Most persons who are infected with *H. pylori* never suffer any symptoms related to the infection; however, in addition to causing up to 80% of stomach ulcers, *H. pylori* is also a group-1 carcinogen.

Infected persons have a 2 to 6-fold increased risk of developing gastric cancer and mucosal-associated-lymphoid-type (MALT) lymphoma compared with their uninfected counterparts.

HOW COMMON IS *H. PYLORI* INFECTION?

H. pylori is believed to infect approximately two-thirds of the world's population and approximately one-third of the population of the United States. There are segments of the U.S. population that have much higher prevalence rates as compared to the general population. African-American and Hispanic subpopulation immigrants from Asia, Eastern Europe, have higher prevalence rates.

WHO SHOULD BE TESTED AND TREATED FOR *H. PYLORI* PER THE RECOMMENDED GUIDELINES?^{3,4}

The AGA and ACG guidelines recommend to test, treat, and retest to confirm eradication with an Active Infection Test prior to prescribing a proton pump inhibitor for patients under the age of 55, with no alarm symptoms.

Test prior to prescribing a proton pump inhibitor for patients under the age of 55, with no alarm symptoms.

Additionally, persons with active stomach or duodenal ulcers or documented history of ulcers should be tested for *H. pylori*, and if found to be infected, they should be treated.

ACTIVE INFECTION TESTING OPTIONS

Your doctor may choose to use any of the following tests to determine if your ulcer is caused by *H. pylori*:

Stool test: A simple stool test can determine if you are infected with *H. pylori*. You provide your doctor with a small stool specimen (an easy-to-use collection system is provided for this purpose). The doctor will conduct the test in his office or send it to a laboratory. HpSA[®] can be used for patients of all ages. It can be used to monitor if the therapy is working and confirm eradication.

Urea Breath test: In this test, you drink a liquid that contains carbon labeled urea and phenylalanine. A sample of your breath is collected at the beginning and at one hour post-ingestion and is then tested for *H. pylori* either in the office or at an off-site laboratory. The patient is required to be off of PPI's and bismuth preparations 2 weeks prior to the test.

Endoscopy: This is an invasive test in which a small tube with a camera inside is inserted through the mouth and into the stomach to look for ulcers. Small samples of the stomach lining can be obtained and tested for *H. pylori*.

References:

1. Illinois Department of Public Health, HELICOBACTER PYLORI. Available at: <http://www.idph.state.il.us/public/hb/hbpylori.htm>
2. Fennerty B. *Helicobacter pylori*: Why it still matters in 2005. *Cleve Clin J Med* 2005;72(2 Suppl):S1-S7.
3. AGA Medical Position Statement & Technical Review: Evaluation of Dyspepsia: *Gastroenterology* 2005, 129:1753-1780.
4. Chey WD, Wong BCY, et al. American College of Gastroenterology Guidelines on the management of *Helicobacter pylori* Infection. *Am J Gastroenterol.* 2007; 102: 1808-1825.

Test It. Treat It. Test It Again.



**Stool
is the
tool**