**Helicobacter pylori** testing plus eradication was as effective and safe as prompt endoscopy for dyspepsia


**Question**

Is 

**Design**

Randomized (allocation concealed*), unblinded,* controlled trial with 1-year follow-up.

**Setting**

Primary care clinics in Odense, Denmark.

**Patients**

500 patients ≥ 18 years of age (median age 45 y, 54% women) who had had ≥ 2 weeks of dyspeptic symptoms (pain or discomfort in the epigastrium with or without heartburn, regurgitation, nausea, vomiting, or bloating) with a severity that required treatment or investigation. Exclusion criteria included treatment with ulcer-healing drugs in the previous month, bleeding or anemia, unintentional weight loss > 3 kg, or previous gastric surgery. Follow-up was 89%.

**Intervention**

At entry, all patients were asked to discontinue any nonsteroidal anti-inflammatory drug (NSAID) use. 250 patients were allocated to *H. pylori* testing plus eradication. In this group, *H. pylori*-infected patients received 2 weeks of lansoprazole, 30 mg twice daily; metronidazole, 500 mg 3 times daily; and amoxicillin, 1000 mg twice daily, and were offered endoscopy if symptoms did not improve. For patients who had negative results on 

**Main outcome measures**

Self-reported dyspeptic symptoms; gastrointestinal symptoms; overall influence of dyspeptic symptoms; quality of life; symptom improvement; patient satisfaction; general practitioner (GP) visits; sick-leave days; and use of endoscopy, PPI, 

**Main results**

141 patients (28%)—64 (26%) in the group that received testing plus eradication and 77 (31%) in the prompt endoscopy group—had 

In contrast to the Rome II dyspepsia definition, which excludes heartburn symptoms. Results were similar in a subset of such patients (3).

The proportion of dissatisfied patients randomly allocated to the test-and-treat group was higher than that of the endoscopy group (12% vs 4%, P = 0.013), although the absolute numbers were small. Reasons for this difference may be the reassuring effect of endoscopy or that patients who were negative for 

for the increasing literature that shows the benefits of evalu-

**Conclusion**

*M. pylori* testing plus eradication...