Concern about the efficacy of clarithromycin containing standard triple therapy in the eradication of *Helicobacter pylori* infection in Malaysia

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Dear Sir,

Standard triple therapy consisting of a proton pump inhibitor, amoxicillin and clarithromycin has occupied centre stage in the treatment of H pylori infection for many years and is endorsed by the most recent Asia Pacific consensus guidelines[1]. Although there have been reports of significantly reduced efficacy in many parts of the world[2], the conventional wisdom in Malaysia is that standard triple therapy remains an effective regime. In the last 12 years, there has been only one published clinical trial on the effectiveness of standard triple therapy in Malaysia and this study revealed an eradication rate of 71.2% (on intention to treat analysis)[3]. Even more glaringly, there is no "real world" data on the performance of standard triple therapy outside the context of clinical trials. Cognizant of this, we recently conducted a single practitioner audit in a private hospital in Kuala Lumpur on 48 consecutive H pylori infected patients who consented to post-treatment testing, Thirty-eight of these patients had been treated with standard triple therapy. None of the patients had been treated before consultation at this hospital and all of them were treated for at least a week. Eradication success was determined by the C13-urea breath test that was undertaken no earlier than one month after completing treatment. The median age of the sample treated with standard triple therapy was 47 years (range 18–82 years) and the group consisted of 23 male and 15 female patients. Disturbingly, the eradication success rate of standard triple therapy was only 55.3% (21/38). Our findings were all the more alarming as the socio-economic backgrounds of the patients attending this large urban private hospital are such that the level of compliance to medication is likely to be higher than the national average.

The limitations of the small sample size and potential for selection bias inherent in such an audit notwithstanding, the findings prompt us to make a strong plea for more widespread audits of the performance of standard triple therapy. Such audits should be undertaken not only in teaching institutions but also in public hospitals, private hospitals and indeed in primary care. An unquestioning presumption that the high eradication rates of standard triple therapy reported in earlier clinical trials are still reproducible in the wider Malaysian population today may well result in a major disservice to our patients.

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