

# NIZATIDINE AND CLARITHROMYCIN: AN EFFECTIVE COMBINATION THERAPY IN THE TREATMENT OF *HELICOBACTER PYLORI* ASSOCIATED PEPTIC ULCER

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**ABSTRACT:** *Helicobacter pylori* is now accepted as the cause of chronic active type B gastritis and also having a critical role in duodenal ulcer. Most anti-*Helicobacter pylori* regimens available have drawbacks of adverse effects, prolonged therapy and resistance. The introduction of eradication regimens based on acid suppression in combination with antibiotics are yielding promising results. Combination of Nizatidine 300 mg BID with Clarithromycin 500 mg TID were tried in endoscopically proven *Helicobacter Pylori* positive patients for 15 days. Endoscopy after 30 days showed healing of 95.2% of ulcers and eradication of *Helicobacter pylori* infection in the same percentage. It is concluded that this is an effective combination.

**KEY WORDS:** *Helicobacter Pylorii*, Peptic Ulcer, Nizatidine

## INTRODUCTION

*Helicobacter pylori* (Hp) is probably the commonest bacterial infection world-wide and is now accepted as the cause of chronic active type B gastritis. It is increasingly accepted as having a critical role in duodenal ulcer, where the prevalence of infection is 90 to 100%<sup>1</sup>. More important is the dramatic reduction in duodenal ulcer recurrence after successful eradication of the organism to about 4% in a year compared to recurrences of up to 80% in those whose ulcers have been healed but in whom the infection persists. Evidence is accumulating that the risk of a duodenal ulcer complication, such as, bleeding, is reduced following successful eradication of *H. pylori*. Most anti-*Helicobacter pylori* regimens available have drawbacks. Standard triple therapy using Bismuth, Metronidazole, and Tetracycline gives good eradication rates but at the expense of a long, complicated regimen associated with significant side effects, and results are not as good in areas where there is a high resistance to Metronidazole. The introduction of eradication regimens based on acid suppression in combination with antibiotics have yielded promising results. The present study is conducted to see the healing of peptic ulcer and clearance of *H.pylori* using a combination of Nizatidine and Clarithromycin.

## PATIENTS AND METHODS

A prospective study was designed to assess the effectiveness of Nizatidine and Clarithromycin combination in treating *Helicobacter pylori* associated peptic ulcer.

Patients presenting with epigastric pain were selected for initial work-up for induction into the study. This included routine blood counts, urine D/R, ultra sound upper abdomen and upper gastro-intestinal endoscopy.

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Received July 13, 1996; accepted August 28, 1996.

Patients already diagnosed as peptic ulcer and on treatment were excluded from the study. Also patients with other concomitant diseases like, COPD, chronic hepatitis, hyperparathyroidism and cirrhosis were excluded. During endoscopy 3-4 specimen/biopsies were taken from the antrum and lesser curvature for rapid urease test and histopathology.

Endoscopy was performed, using Fujinon E-7 endoscope, by the Consultant Gastroenterologist, observing standard procedure<sup>2</sup>. Informed consent was taken from all the patients inducted in the study.

After initial work-up only the patients with confirmed *H.pylori* positive peptic ulcer were selected for the trial. For the first two weeks patients were given

- Nizatidine 300 mg BID
- Clarithromycin 500 mg TID

Endoscopy was done on day 15 to assess the ulcer healing and *H.pylori* infection status by rapid urease test and histology. For the next two weeks patients were given Nizatidine 300mg HS. After 30 days of stopping the therapy, endoscopy, rapid urease test and histology were repeated. The patients were also given a proforma to score their clinical improvement in the symptoms on a graded scaling of 0%, 25%, 50%, 75% & 100% for the first week. Any side effects developed during the therapy were also recorded.

## RESULTS

Twenty-five patients of *H.pylori*-positive peptic ulcer were inducted in the study. Four patients did not come for the follow-up and were excluded from the final analysis. There were 4 females and 17 male patients. The mean age was 35.9 ± 9.3 years. Gastric ulcer was found in 8 patients while 13 patients had duodenal ulcer. Detail of sites of these ulcer is given in Table I.

The improvement scoring in clinical symptoms as recorded by the patients showed that on day-1 42.9% of patients had 50% relief in their symptoms while 38.1% of the patients had



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