Treatment Patterns, Goals, Satisfaction, and Adherence in the Management of *H. pylori* Infection in the United States: Results from the Study of Acid-Related Disorders (SOARD)

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INTRODUCTION

- *H. pylori* eradication rates have declined[1] as antibiotic resistance rates have increased.[2]
- Adherence to treatment guidelines is suboptimal.[3]
- Real-world evidence of treatment patterns and adherence to guidelines should be explored.
- We investigated unmet needs among patients with *H. pylori* infection and past/current dyspepsia.

RESULTS

Demographics

- 251 physicians (102 GIs and 149 FPs/GPs) completed a survey:
  - 16 GIs and 24 FPs/GPs provided chart review data on 77 patients.
  - Physician and patient characteristics are shown in **Tables 1** and **2**, respectively.

Diagnosis

- Tests used by GIs and FPs/GPs are shown in **Figure 2**.

Treatment Goals

- Patients' and physicians' treatment goals are displayed in **Figures 3** and **4**, respectively.

Treatment Patterns

- Preferred 1st line treatments by GIs and GPs/FPs are displayed in **Figure 5**.
- Despite initial treatment, physicians estimated that 29% of patients would require a 2nd course of treatment due to failure of 1st line.
- In the patient sample, 36% received a 2nd course of treatment, and 9% a 3rd course.

Treatment Satisfaction

- Only 29% of physicians strongly agreed that they were satisfied with current treatment options, but they perceived that 69% of their patients were satisfied with the symptom relief achieved with current options; 57% of patients were not completely satisfied with their current treatment.

Patient Adherence

- 40% of patients reported not being adherent with treatment (**Figure 6**), often due to forgetfulness (90%), failing to complete the course (75%), or not understanding instructions (48%).

DISCUSSION

- Despite widespread availability, non-invasive tests of active infection are still not being consistently used. However, use of the urea breath test by FPs/GPs is higher than previously documented.[4]
- Empiric PPI-amoxicillin-clarithromycin triple therapy is still the most frequently preferred 1st line treatment despite national guideline recommendations.[5]
- Most patients were not satisfied with treatment, and many indicated less than full adherence, citing a number of different reasons. New treatment options with the potential to be more reliable and less complex would be beneficial.
- The results also reveal that many patients and physicians have unrealistic expectations regarding the efficacy of *H. pylori* eradication in eliminating dyspeptic symptoms.

Table 1. Physician characteristics

	GI (n=102)	GP/FP (n=149)
Year of qualification (% physicians)		
<2000	36.5	43.5
>2001	63.5	56.5
Regions in which licensed to practice medicine (% physicians)		
North East	28.4	24.2
Mid-West	36.3	32.2
West	18.6	24.8
South	27.5	26.2
Patient caseload in last month (mean)	349.0	434.0
Active patients with *H. pylori*	39.8	30.1
Mean time spent consulting (% of time)	73.4	91.7

Table 2. Patient characteristics

	Overall (n=77)
Age (mean years)	45.7
Sex (% female)	66.2
Time since diagnosis (mean years)	1.7
Employment status (% employed)	63.6
BMI (mean)	27.3
Race/Ethnicity (%)	
White	55.8
Hispanic/Latino	13.0
Asian	14.3
Black	3.9
Mixed race	3.9
Prefer not to say	9.1

Figure 2. Tests used for diagnosis

GI patients (n=31); FP/GP patients (n=46)
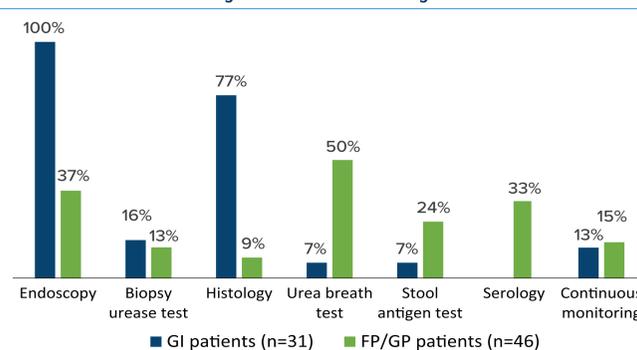
Figure 5. Physician-indicated preferred initial treatment for newly diagnosed patient

GI (n=102); FP/GP (n=149)
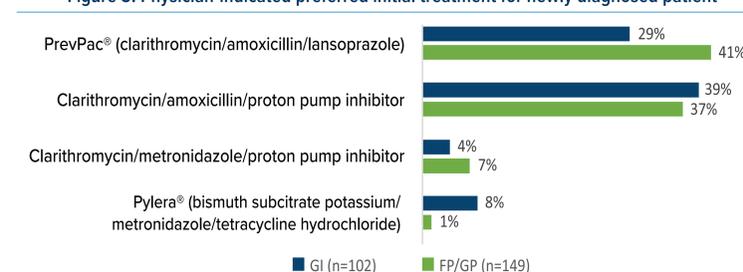
Figure 3. Physician treatment goals

% respondents selecting goal in their top 5
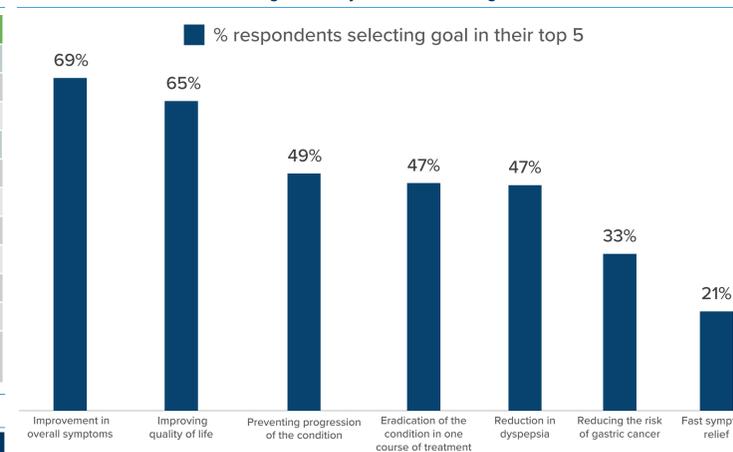
Figure 4. Patient treatment goals

% respondents selecting goal in their top 5

Figure 6. Patient-indicated adherence

How often do you take your medication as instructed?

Some of the time; About 50% of the time; Most of the time; All of the time
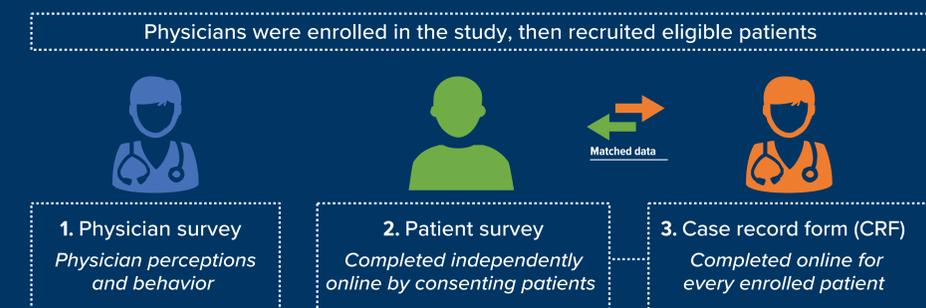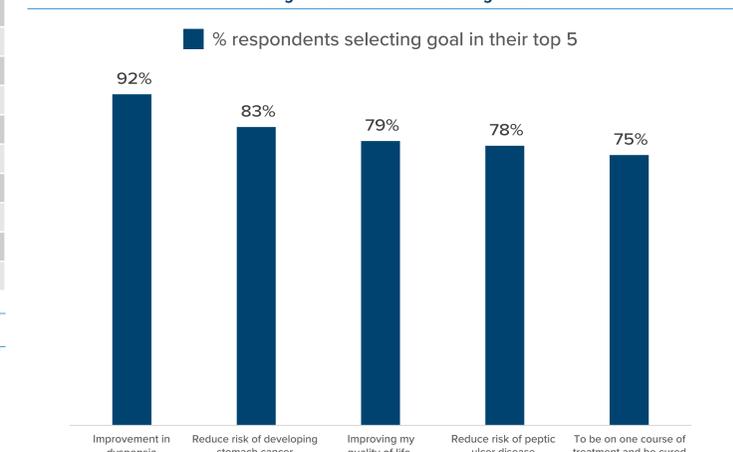
OBJECTIVES

This study was designed to understand physicians' and patients' perceptions and experiences with *H. pylori* infection and past/current dyspepsia, treatment goals, satisfaction with current treatment, and adherence.

METHODS

- Gastroenterologists (GIs) and family physicians (FPs)/general practitioners (GPs) treating patients with *H. pylori* infection with past/current dyspepsia completed a physician survey and invited patients to complete a patient survey; data were also extracted from medical records of enrolled patients (Figure 1).
  - The physician survey included questions on demographics, consulting population, prescribing preferences, treatment satisfaction, and perception of patient adherence.
  - Patients were asked about demographics, treatment adherence, symptom burden, treatment goals and satisfaction.
  - The CRF captured clinical characteristics and management including testing, treatment and healthcare resource use.

Figure 1. Study schematic

Physicians were enrolled in the study, then recruited eligible patients

Matched data

1. Physician survey
Physician perceptions and behavior

2. Patient survey
Completed independently online by consenting patients

3. Case record form (CRF)
Completed online for every enrolled patient

- Physicians and patients were shown a series of attitudinal statements and asked to rate their agreement on a scale of 1-7, where 1 is completely disagree and 7 is completely agree. Scores of 6 or 7 were aggregated and considered agreement. Where a 10-point scale was used, 8-10 were aggregated as agreement.
- Data were collected between November 2020 and April 2021.

Physician inclusion criteria

- GIs or GPs/FPs with 4-40 years' clinical experience.
- Responsible for the management of at least 5 (FPs/GPs) or 10 (GIs) patients per month with *H. pylori* infection and past/present dyspepsia.

Patient inclusion criteria

- 18-75 years of age at the time of providing informed consent.
- Confirmed diagnosis of *H. pylori* infection and past or present dyspepsia treated currently or within preceding 3 months with a PPI combination.

Disclosures

Corey Pelletier and Rinu Jacob are employees of Phathom Pharmaceuticals. All other authors serve as consultants to Phathom Pharmaceuticals.

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