

Fourteen days is ideal treatment duration for *Helicobacter pylori* eradication

Clinical question	What is the optimal duration of treatment for eradicating <i>Helicobacter pylori</i> infection?
Bottom line	For proton pump inhibitor (PPI)+clarithromycin+amoxicillin (PCA), prolonging treatment duration from 7 to 10 days, or from 10 to 14 days, is associated with a significantly higher eradication rate. The optimal duration of therapy for PCA and PPI+amoxicillin+nitroimidazole (PAN) is at least 14 days. More data are needed to confirm if there is any benefit of increasing the duration of therapy for PPI+clarithromycin+nitroimidazole (PCN) therapy.
Caveat	Overall, the quality of evidence for the outcome of <i>H. pylori</i> persistence for PPI triple therapy was moderate because of study limitations (risk of bias). For certain subgroups, the quality of the evidence for the outcome <i>H. pylori</i> persistence was low (eg, PCN 14 days versus 7 days) or very low (eg, PCN 10 days versus 7 days) because of study limitations.
Context	A PPI plus 2 antibiotics is the most commonly used first treatment to eradicate <i>H. pylori</i> infection. The ideal duration of therapy for <i>H. pylori</i> eradication is controversial, with recommendations ranging from 7 to 14 days.
Cochrane Systematic Review	Yuan Y et al. Optimum duration of regimens for <i>Helicobacter pylori</i> eradication. Cochrane Reviews, 2013, Issue 12. Current Art. No.: CD008337.DOI: 10.1002/14651858. CD008337.pub2. This review contains 75 studies involving 19,415 participants.
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[References]

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