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Eradication failure of *H. pylori* treatments for children increases nowadays. A goal of 90% of success must be reached worldwide. We assessed the effect of adherence, antimicrobial susceptibility and family awareness on treatment outcome.

Methods: Open cross-sectional study. Parents were interviewed to evaluate their knowledge about *H. pylori*. A score on 15-point scale was construct. After, infected children were treated either with a standard 14-day triple therapy (PPI + Amoxicillin + Metronidazole) either with PPI for 3 weeks before a tailored 14-day triple therapy. Adherence and adverse events were assessed immediately after treatment and outcome 4 weeks later by stool antigen test (children without ulcer) or gastric biopsies (children with ulcers).

Results: A total of 158 infected children were included (75 M/83 F, mean age 7.5 ± 2.7 , range 3-14 year). Duodenal ulceration was observed in 12/158 (7.6%). A standard triple therapy containing metronidazole was prescribed in 110/158 while antimicrobial susceptibility was obtained and treatment tailored in the other 48/158 (triple therapy containing clarithromycin 7/48, metronidazole 30/48, levofloxacin 6/48 and tetracycline 5/48). Adverse events occur in 32/158 (20.3%), mainly abdominal pain and diarrhea. Success rate was 53/110 (48.2%) with the standard therapy and 29/48 (60.4%) with the tailored therapy. Adherence of 90% or above was reached by 143/158 and positively correlated with knowledge score ($r = 0.17$, $P < 0.05$).

Conclusion: Treatment strategy proposed in the ESPGHAN consensus didn't allow us to reach the 90% target rate of eradication in Vietnam. Increase the awareness on *H. pylori* could have a positive effect on adherence to eradication strategies.

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P02.38 | Current practice of Gastroenterologists in the treatment of *Helicobacter pylori* infection in Italy: data from the Italian Registry on *H. pylori* treatment

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Background: Guidelines recommend several antimicrobial regimens for *H. pylori* eradication. Data on the type of regimen prescribed in clinical practice in Italy are not available yet.

Aim: To assess the practice of gastroenterologists in the treatment of *H. pylori* infection in Italy.

Methods: The "Italian Registry on *H. pylori* treatment" is an online database prospectively registering adult patients prescribed with a treatment for *H. pylori* infection by gastroenterologists in Italy. Data were collected from June 2017 to May 2108 using REDCap (Research Electronic Data Capture) and an interim analysis was performed.

Results: A total of 485 patients (63.2% females, mean age: 54.2 years), whose 387 were naive to treatment and 98 had a previous treatment failure, were assessed. At first-line the most frequent regimen prescribed was sequential therapy (169, 43.7%), followed by the new formulation of bismuth quadruple therapy (Pylera[®]) (102, 26.4%), clarithromycin-containing triple therapy (87, 22.5%), concomitant (27, 7%) and other therapies (2, 0.5%). Most regimens, including Clarithromycin-containing triple therapy, were prescribed for 10 days. After a previous treatment failure, Pylera[®] (59, 60.2%) was the most frequent regimen, followed by levofloxacin-containing triple therapy (11, 11.2%), rifabutin-containing triple therapy (9, 9.2%), sequential therapy (8, 8.2%), concomitant (5, 5.1%) and other therapies (6, 8.1%). Probiotics were prescribed in 48.8% (235/485) of patients.

Conclusions: Sequential therapy and Pylera[®] appear to be the most frequently prescribed regimens for *H. pylori* eradication in Italy. However, the duration of clarithromycin-containing triple therapy was shorter than recommended. About half of patients received probiotics supplementation.

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