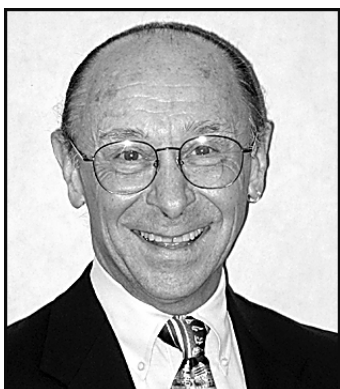


ULCERS: An infection, Not a Sign of Stress



William A. Cassidy, M.D.

For years, the medical profession - and the public too - has considered ulcers a disease caused by "stress." Ulcers seemed to be most prevalent in people who were "uptight" or in people under duress. Through the hard work and persistence of a young doctor in Australia by the name of Barry Marshall, it is now known that ulcers are actually an infection caused by a bacterium known as *Helicobacter pylori* (HP).

Although the source of this infection is not known, it is thought to be contracted by ingestion of contaminated food and drink similar to other infections. Poor hygiene, poor sanitation, crowded living conditions, and impoverishment - especially in childhood - are felt to be important sources of transmission. The prevalence of HP infection increases with age, but most of the acquisition of infection occurs in childhood or in families with young children.

Despite the tight association between HP and peptic ulcer disease, 85% of people with HP will never develop ulcers. HP is a necessary element for the development of ulcers, but by itself it is not enough; interaction with other factors is essential. Smoking, consumption of alcoholic beverages and caffeine, and the use of aspirin-containing products and anti-inflammatory agents are important co-factors. In the case of duodenal ulcers, but not stomach ulcers, the increased production of stomach

acid also seems to play a role. In people who carry HP but do not get ulcers, acid production is normal. HP produces several toxins which could conceivably impair natural gastro-duodenal defenses.

The diagnosis of HP infection can be made several ways, all with acceptable accuracy. Non-invasive modalities include serology (a blood test), a stool assay, and a radioactive carbon-urea breath test. Invasive modalities require upper gastrointestinal endoscopy.

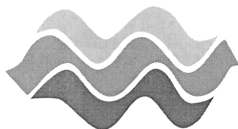
The treatment of ulcers is to eradicate the HP; if proven to be present, use antibiotics! Stop aspirin and other anti-inflammatory drugs, stop smoking and the use of alcoholic beverages and caffeine.

Peptic ulcer is a recurrent disease. Medications that suppress acid production can "heal" ulcers, but they do not "cure" ulcers. If HP is present, the infection has to be cured to prevent recurrent ulcers; there is no rational alternative! Ulcer recurrences are diminished while treating with acid suppression, but they return at the same rate as before once treatment is stopped. The question with HP positive ulcers is no longer whether or not to treat, but when and how to treat. There are a multitude of treatment plans available, all of which incorporate two antibiotics and medications that suppress acid production. Most treatment plans last two weeks.

Our knowledge and understanding of HP and its association with peptic ulcer is expanding all the time. The subject is of great interest and considerable research is ongoing. As more information becomes available, more, easier, and safer treatment programs will become available; and along with these, ulcers may become a thing of the past.

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