

Infectious Diseases Update

Abstracts of current literature on epidemiology, diagnosis, and treatment

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EFFECT OF TREATMENT FOR HELICOBACTER PYLORI ON DYSPEPSIA AND QUALITY OF LIFE

A randomized placebo-controlled trial investigated the effect of *Helicobacter pylori* screening and eradication treatment on upper gastrointestinal symptoms in the community. Patients ages 40 to 49 years were randomly selected from primary care centers and interviewed using the Leeds dyspepsia questionnaire and the psychological general well-being index (PGWB), which evaluates various areas of quality of life. Patients who were positive for *H. pylori* infection based on nonfasting carbon 13-labeled urea breath tests ($n = 2324$) were randomized to treatment with omeprazole 20 mg twice daily plus clarithromycin 250 mg twice daily plus tinidazole 500 mg twice daily or placebo for 7 days. Of the evaluable patients who returned for follow-up at 2 years ($n = 1773$), *H. pylori* had been eradicated in 659 patients (74%) in the treatment arm compared with 41 patients (5%) in the placebo arm. Two-hundred forty-seven of 880 patients (28%) in the treatment arm reported dyspepsia at 2-year follow-up compared with 291 of 871 patients (33%) in the placebo arm. No significant difference in overall PGWB score or quality of life occurred between the treatment arm and placebo arm. The study concluded that the screening for and treatment of *H. pylori* has only a small effect on the rate of dyspepsia and quality of life in the community.

Moayyedi P, Feltbower R, Brown J, et al: Effect of population screening and treatment for Helicobacter pylori on dyspepsia and quality of life in the community: a randomised controlled trial. Lancet 2000;355:1665-1669.

EMERGENCE OF HUMAN GRANULOCYtic EHRLICHIOSIS

An ongoing passive surveillance by the Connecticut Department of Public Health was supplemented by an active surveillance to assess the incidence of the emerging tickborne infection, human granulocytic ehrlichiosis (HGE), in the 12-town area surrounding Lyme, CT. Surveillance occurred from April through November of 1997, 1998, and 1999. Patients who were clinically suspected of having HGE ($n = 537$) were tested by indirect fluorescent antibody (IFA) staining or polymerase chain reaction (PCR). During the 3 years of surveillance, 137 patients (26%) had laboratory evidence of HGE; 89 (65%) were confirmed cases, and 48 (35%) were probable cases. The incidence of confirmed HGE was 31 cases/100,000 in 1997, 51 cases/100,000 in 1998, and 24 cases/100,000 in 1999. IFA testing was evaluated and compared with immunoblot assays; an 86% confidence was found between test results. The surveillance study concluded

that HGE is an important cause of morbidity in southeastern Connecticut and that laboratory confirmation for HGE should include PCR whenever possible, in addition to IFA or immunoblot assay, for optimal detection.

Ildo JW, Meek JJ, Cartter ML, et al: The emergence of another tickborne infection in the 12-town area around Lyme, Connecticut: human granulocytic ehrlichiosis. J Infect Dis 2000;181:1388-1393.

ADVERSE REACTIONS IN HIV PATIENTS TREATED WITH PROTEASE INHIBITORS

A prospective, cohort-divided, multicenter study assessed the incidence of adverse reactions and the probability of discontinuation of therapy due to the adverse reactions during protease inhibitor (PI) therapy in HIV-positive patients starting treatment with at least one PI. Patients ($n = 1207$) who started PI therapy in September 1997 were observed until April 1999. During the study period, 35.9% of patients presented at least one adverse reaction of any grade, and 9.7% presented at least one serious adverse event. In multivariate analysis, women and patients with hepatitis demonstrated significantly higher rates of adverse events compared with other patients. After 12 months of therapy, the percentages of patients who had interrupted treatment due to adverse reactions were 36% in the ritonavir group, 14.2% in the indinavir group, 13.6% in the ritonavir-saquinavir hard gel capsule (HGC) group, 8.5% in the nelfinavir group, and 2.1% in the saquinavir HGC group. Gastrointestinal events in addition to neurologic, metabolic, and hepatic toxicity occurred more frequently in the ritonavir and ritonavir-saquinavir HGC groups; gastrointestinal events were observed in the nelfinavir group as well but were rarely serious. Nelfinavir was associated with more allergic reactions, but again, no serious reactions were reported. The highest incidence of renal toxicity occurred in the indinavir-treated patients. The study concluded that ritonavir was the least well-tolerated drug because 25.7% of patients definitively interrupted treatment after 6 months, and 36% interrupted treatment after 1 year. Nelfinavir and saquinavir-HGC were the most well-tolerated drugs.

Bonfanti P, Valsecchi L, Parazzini F, et al: Incidence of adverse reactions in HIV patients treated with protease inhibitors: a cohort study. J Acquir Immune Defic Syndr Hum Retrovirol 2000;23:236-244.

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