# Evaluation of H. pylori infection in aspirin users - pilot study

Submission date	Recruitment status No longer recruiting	Prospectively registered		
07/01/2008		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
27/03/2008	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
27/10/2015	Digestive System			

#### Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

#### Contact name

**Prof Chris Hawkey** 

#### Contact details

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## Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

ClinicalTrials.gov number

**Secondary identifying numbers** G0700648

## Study information

#### Scientific Title

Helicobacter pylori Eradication vs Aspirin Toxicity pilot study

#### Acronym

**HEAT** 

#### **Study objectives**

Eradication of H. pylori in patients taking aspirin regularly will reduce the risk of ulcer bleeds.

More details can be found at: http://www.mrc.ac.uk/ResearchPortfolio/Grant/Record.htm? GrantRef=G0700648&CaseId=9889

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Nottingham 2 Research Ethics Committee, 21/09/2007

#### Study design

Part 1: Interventional, non-randomised controlled study. Part 2: Observational database study.

#### Primary study design

Interventional

#### Secondary study design

Non randomised study

#### Study setting(s)

Not specified

## Study type(s)

Treatment

#### Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

### Health condition(s) or problem(s) studied

Ulcer bleeding

#### **Interventions**

This trial has two parts:

Part 1: Interventional study. This study will establish the H. pylori infection rates and success of eradication therapy.

GPs will screen their patient records for potential participants (Aged >45 and on <300 mg aspirin /day, excluding ulcer healing drugs and NSAIDs) and write to them to invite them to take part in

the study. All participants will have a 13C Urea breath test (to establish their H. pylori status) and a blood sample taken (for future H. pylori serology testing). For participants who test negative for H. pylori, this will be the end of their involvement in the study. All patients who test positive for H. pylori (there will be no randomisation) will be given eradication therapy (Clarithromycin 500 mg twice a day [bd], omeprazole 20 mg bd and metronidazole 400 mg bd. Eradication treatment will last 7 days), and retested 6-8 weeks later to test eradication success.

Part 2: Observational study. This is a database study to assess aspirin use in the target population and rates of ulcer bleeds.

#### Intervention Type

Drug

#### Phase

Not Applicable

#### Drug/device/biological/vaccine name(s)

Clarithromycin, omeprazole, metronidazole

#### Primary outcome measure

- 1. Rate of aspirin use (results of Part 2 Observational study)
- 2. Rate of ulcer bleeding in patients using aspirin (results of Part 2 Observational study)
- 3. Level of H. pylori infection and subsequent eradication rates in aspirin patients at 6-8 weeks after the eradication therapy
- 4. Level of interest from GPs and patients for a randomised study and their preferred enrolment site

#### Secondary outcome measures

No secondary outcome measures

#### Overall study start date

01/02/2008

#### Completion date

31/07/2008

## Eligibility

#### Key inclusion criteria

- 1. Male and female patients aged 45 years of age or older
- 2. Patients who have given written informed consent
- 3. Patients taking aspirin (less than or equal to 300 mg daily)

NB: Patients who have previously been tested for H. pylori and/or had previous eradication therapy will not be excluded.

#### Participant type(s)

Patient

#### Age group

Adult

#### Sex

Both

#### Target number of participants

905

#### Key exclusion criteria

- 1. Patients currently taking anti-ulcer therapy (H2-receptor antagonists i.e. cimetidine, famotidine, nizatidine or ranitidine and Proton Pump Inhibitors [PPIs] i.e. esomeprazole, lansoprazole, omeprazole, pantoprazole or rabeprazole sodium)
- 2. Patients currently taking non-selective Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (aceclofenac, acemetacin, azapropazone, dexibuprofen, dexketoprofen, diclofenac sodium, diflunisal, fenbufen, fenoprofen, flurbiprofen, ibuprofen, indometacin, ketoprofen, mefenamic acid, meloxicam, nabumetone, naproxen, piroxicam, sulindac, tenoxicam, or tiaprofenic acid)
- 3. Patients who are terminally ill
- 4. Patients who are allergic to any of the eradication treatment drugs
- 5. Patients who are currently being treated with an antibacterial or have had antibacterial treatment within the last 4 weeks
- 6. Patients who have had treatment with a PPI (listed above) within the last 2 weeks.
- 7. Women who are pregnant or breast feeding

#### Date of first enrolment

01/02/2008

#### Date of final enrolment

31/07/2008

### Locations

#### Countries of recruitment

England

United Kingdom

Study participating centre
Wolfson Digestive Diseases Centre
Nottingham
United Kingdom
NG7 2UH

## Sponsor information

#### Organisation

University of Nottingham (UK)

#### Sponsor details

Research Innovation Services
King's Meadow Campus
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NG7 2NR
+44 (0)115 9515679
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#### Sponsor type

University/education

#### **ROR**

https://ror.org/01ee9ar58

## Funder(s)

#### Funder type

Research council

#### **Funder Name**

Medical Research Council (UK)

#### Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

#### **Funding Body Type**

Government organisation

#### **Funding Body Subtype**

National government

#### Location

United Kingdom

## **Results and Publications**

#### Publication and dissemination plan

Not provided at time of registration

#### Intention to publish date

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	10/07/2015		Yes	No