

# A prospective randomised controlled trial of open access endoscopy and near patient testing for *Helicobacter pylori* antibodies in primary care

|                                        |                                                   |                                                                                                   |
|----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Submission date</b><br>23/01/2004   | <b>Recruitment status</b><br>No longer recruiting | <input type="checkbox"/> Prospectively registered<br><input type="checkbox"/> Protocol            |
| <b>Registration date</b><br>23/01/2004 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results |
| <b>Last Edited</b><br>01/04/2009       | <b>Condition category</b><br>Digestive System     | <input type="checkbox"/> Individual participant data                                              |

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Prof FDR Hobbs

### Contact details

The Department of Primary Care and General Practice  
Medical School  
University of Birmingham  
Edgbaston  
Birmingham  
United Kingdom  
B15 2TT  
+44 (0)121 414 3765  
f.d.r.hobbs@bham.ac.uk

## Additional identifiers

### Protocol serial number

PSI03-07

# Study information

## Scientific Title

### Study objectives

Dyspepsia is common, with an incidence of 2 'new episodes' per 1000 population per year. However, dyspepsia is also a lifelong intermittent and relapsing disorder, with as many as a third of the adult population suffering dyspeptic symptoms in a year. General practitioners have been encouraged to endoscope patients over the age of 50 years, particularly those with recent onset or continuous symptoms, on account of the potential to detect early gastric cancer. However, early gastric cancer is rare and a large number of patients would need to be investigated to detect one case. Malignancy is extremely rare under the age of 50 and current guidelines have concentrated on reducing endoscopy workload by filtering out patients testing negative for *Helicobacter pylori*, on the basis that they are unlikely to have peptic ulceration, and could be treated with empirical acid suppression, rather than *H. pylori* eradication therapy.

This study was conducted as two identical randomised controlled trials (RCTs), the intervention differing by the age of the patient:

1. For patients of 50 years and over we aimed to determine the cost-effectiveness of initial endoscopy compared to usual management
2. For patients under the age of 50 years we aimed to determine the cost-effectiveness of the *H. pylori* 'test and endoscope' strategy for managing dyspepsia

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Obtained from all local research ethics committees

### Primary study design

Interventional

### Study design

Randomised controlled trial

### Study type(s)

Treatment

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

Peptic ulcer disease

### Interventions

Under 50 years: Near patient testing for *H. pylori* (Helisal rapid blood, Cortecs diagnostics, UK) and open-access endoscopy if positive

Over 50 years: initial open access endoscopy

Controls: prescribing or specialist referral at GP's discretion

### Intervention Type

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Cost-effectiveness based on symptomatic improvement and health resource utilisation for dyspepsia at 12 months.

**Key secondary outcome(s)**

1. Quality of life (QoL)
2. Patient satisfaction

**Completion date**

01/10/1999

**Eligibility****Key inclusion criteria**

1. Dyspeptic patients
2. Aged 18 years and over (either sex)
3. Helicobacter pylori positive

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

All

**Key exclusion criteria**

1. Previous endoscopy
2. Positive barium meal examination in the past three years
3. Unable to give informed consent
4. Unfit for endoscopy

**Date of first enrolment**

01/03/1995

**Date of final enrolment**

01/10/1999

**Locations**

## Countries of recruitment

United Kingdom

England

## Study participating centre

The Department of Primary Care and General Practice

Birmingham

United Kingdom

B15 2TT

## Sponsor information

### Organisation

Record Provided by the NHS R&D 'Time-Limited' National Programme Register - Department of Health (UK)

## Funder(s)

### Funder type

Government

### Funder Name

NHS Primary and Secondary Care Interface National Research and Development Programme (UK)

## Results and Publications

### 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? |
|---------------------------------|---------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a> | results | 14/04/2001   |            | Yes            | No              |