

**Table 54.** Treatment options for peptic ulcer disease.

**Active *Helicobacter pylori*-associated ulcer:**

1. Treat with anti-*H. pylori* regimen for 10–14 days. Treatment options:

Proton pump inhibitor twice daily  
Clarithromycin 500 mg twice daily  
Amoxicillin 1 g twice daily (or metronidazole 500 mg twice daily, if penicillin allergic)

Proton pump inhibitor twice daily  
Bismuth subsalicylate two tablets four times daily  
Tetracycline 500 mg four times daily  
Metronidazole 250 mg four times daily

Ranitidine bismuth citrate 400 mg twice daily (not available in US)  
Clarithromycin 500 mg twice daily  
Amoxicillin 1 g or tetracycline 500 mg or metronidazole 500 mg twice daily

(Proton pump inhibitors administered before meals. Avoid metronidazole regimens in areas of known high resistance or in patients who have failed a course of treatment that included metronidazole.)

2. After completion of 10–14 day course of *H. pylori* eradication therapy, continue treatment with proton pump inhibitor<sup>1</sup> once daily or H<sub>2</sub> receptor antagonist (as below) for 4–8 weeks to promote healing.

**Active ulcer not attributable to *H. pylori*:**

1. Consider other causes: NSAIDs, Zollinger-Ellison syndrome, gastric malignancy. Treatment options:

Proton pump inhibitors<sup>1</sup>:

Uncomplicated duodenal ulcer: treat for 4 weeks  
Uncomplicated gastric ulcer: treat for 8 weeks

H<sub>2</sub> receptor antagonists:

Uncomplicated duodenal ulcer: cimetidine 800 mg, ranitidine or nizatidine 300 mg, famotidine 40 mg, once daily at bedtime for 6 weeks  
Uncomplicated gastric ulcer: cimetidine 400 mg, ranitidine or nizatidine 150 mg, famotidine 20 mg, twice daily for 8 weeks  
Complicated ulcers: proton pump inhibitors are preferred drugs

**Prevention of ulcer relapse:**

1. NSAID-induced ulcer: prophylactic therapy for high-risk patients (prior ulcer disease or ulcer complications, use of corticosteroids or anticoagulants, age > 70 with serious comorbid illnesses).

Treatment options

Proton pump inhibitor once daily  
COX-2 selective NSAID (rofecoxib, celecoxib, valdecoxib)  
(In special circumstances: misoprostol 200 µg 3–4 times daily)

2. Chronic "maintenance" therapy indicated in patients with recurrent ulcers who either are *H. pylori*-negative or who have failed attempts at eradication therapy: once-daily proton pump inhibitor<sup>1</sup> or H<sub>2</sub> receptor antagonist at bedtime (cimetidine 400–800 mg, nizatidine or ranitidine 150–300 mg, famotidine 20–40 mg)

Proton pump inhibitors: omeprazole 20 mg, rabeprazole 20 mg, lansoprazole 30 mg, pantoprazole 40 mg, esomeprazole 40 mg.  
If proton pump inhibitors are given twice daily except esomeprazole (once daily).