

A consensus meeting about HP-related diseases, again ?

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On February 6th and 7th 1998, the HP Belgian contact group organised in CHU Brugmann, Brussels, a national consensus meeting about *Helicobacter pylori* and diseases related to HP infection. Besides HP group members, representatives of the Royal Belgian Society for Gastro Enterology, the Vlaamse Vereniging voor Gastro Enterologie, the National Society for Digestive Endoscopy and the Society for Paediatrics, professors from our seven universities, delegates from the General Practitioners Society, pharmacists and doctors from insurance companies ("mutuelles") attended the sessions. All the participants received a pre-mailed chart with relevant literature. In the chart and during the conference five major questions were addressed : Who and when to treat for HP infection ? When and how to search for HP ? How to treat ? What are the short- and longterm side effects of eradication ? Is HP infection a public health issue ? Every question was extensively reviewed by experts who provided a written summary and a detailed lecture and who suggested conclusions that were discussed in plenary session. On the second day, referees summarised the data on the five questions and proposed refined conclusions that were discussed a second time. The approved final guidelines were written immediately and an extensive summary of them is given after this introduction.

Since consensus reports have been released in many countries like France (1) and the United States (2), it is worthwhile asking if there was a need for such a meeting in Belgium ? Obviously our answer was positive, for various reasons. First, there are obvious differences between Belgium and other countries : for instance, the low-dose, one-week, PPI-based triple therapy (3) recommended by most consensus and review papers is not efficient in Belgium and this fact justifies the Maastricht European consensus (4) recommendation for a local validation of guidelines. Local specific features about strains' virulence and primary resistance to antibiotics, prevalence of HP infection's complications and dietary environmental factors can indeed influence therapeutic results. Second, many clinicians feel troubled with HP infection : despite the fact that an HP-induced gastritis remains uncomplicated (and asymptomatic) in a majority of cases, it is by no way a normal phenomenon to harbour HP in the gastric mucosa. On the other hand, in the absence of a cheap, onedose, oral vaccine (with both preventive

and curative properties), some raised the philosophical question of "good" versus "bad" *Helicobacter* (5). The true motivation of such a question is the unbearable financial burden of systematic eradication (and the practical difficulties of such a strategy). A reliable sign of this perplexity is the fact that most consensus reports recommend eradicating HP in functional dyspepsia (without any definite proof of benefit) but not in asymptomatic individuals. There is probably an emotional confusion between the treatment of functional dyspepsia and prevention of gastric carcinoma through eradication, but nothing proves asymptomatic carriers are at lower risk than dyspeptics for gastric carcinoma. So, there is an obvious need for a continuous, evolving and balanced considerations about current indication for treatment since the logical policy of total eradication of *Helicobacter pylori* is, so far, unrealistic. Third, the medical system and its financial implications such as the cost of technical examinations, in Belgium, are different from the situation in other countries. Diagnostic and therapeutic strategies may therefore have different economic implications. These and some other considerations were, in our opinion, enough reasons for bringing Belgian gastroenterologists, pathologists, bacteriologists, epidemiologists and others together so that they could contribute in the debate about a huge public health issue.

References

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