# Digest

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## A TRICK: TO TEST AND TREAT

A few years ago I just about won a debate at the BSG opposing the motion that testing and treating for *Helicobacter pylori* was an acceptable strategy in primary care. How strongly I believed in the argument seemed irrelevant at the time. Yet the world moves on and more evidence accumulates. Delaney highlights a clinical @lert which suggests that test and treat followed by endoscopy for non-responders was less effective than incorporating a trial of a proton pump inhibitor (whether or not test and treat were incorporated into the treatment programme). Whether a tester, a treater, or an endoscopist do try a PPI.

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Credit: P R Newswire 3M

A trick: to test and treat. See page 9.

## CHRONIC HEPATITIS C: A SMOKELESS ZONE

The severity and progression of HCV infection varies between individuals. A number of host, viral, and environmental factors may be responsible for this difference. Alcohol is deleterious to the HCV infected liver but now it seems that society's other (more or less tolerated) poison—cigarettes—may also be bad news. A study of 244 HCV infected patients suggests that liver disease activity increased in those smoking more than 15 cigarettes per day. It is always difficult to be sure about confounders but it may be wise to quit if you are HCV positive.

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## THE IRRITABLE IMMUNE SYSTEM IN IBS

Who amongst us would be prepared to bet that the term "irritable bowel syndrome" will last another 20 years? Progress is steady if slow. The barrier to understanding is being chipped away but the post-infective sub-type is the most likely to break away first. In 230 unselected IBS patients, Gonsalkorale and colleagues found a reduced frequency of high producer genotype for interleukin 10 than in controls. The difference looks pretty marginal to me but maybe another brick in the wall has fallen.

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## *H PYLORI* IN FUNCTIONAL DYSPEPSIA—GIVES US INDIGESTION

Very considerable resources have been expended on treatment trials of *Helicobacter pylori* in functional dyspepsia—one of the least lethal conditions known to mankind. One would hope that the definitive answer to the question of whether treatment was effective would have emerged from the RCTs and meta-analyses—but it has not. The latest contribution follows patients with functional dyspepsia who were refractory to standard treatment. Clearing *Helicobacter pylori* was no more effective than short term acid inhibition. As the authors accept, their study is flawed—read it to find out how. So do not expect our correspondence column to remain silent on this one.

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## CURING REFLUX: IT'S A CINCH

Proton pump inhibitors have taken much of the challenge out of treating patients with gastro-oesophageal reflux disease (GORD). For a few surgery remains an option that may be more attractive the less invasive it becomes. Recently interventional endoscopists have developed a "third way". An endoscopic plication technique was evaluated in 22 patients with symptoms of GORD who were studied after one year. All symptoms scores and reflux measurements improved as did quality of life. It looks wonderful, maybe even marvellous. One can only hope that endoscopists can overcome their natural reluctance in such matters and conduct controlled clinical trials.

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