



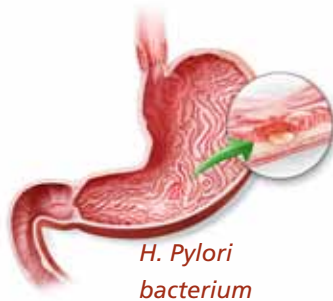
## Understanding PEPTIC ULCERS

### What are peptic ulcers?

A peptic ulcer is a sore in the lining of the bowel in the stomach or the upper part of the small intestine (duodenum) which becomes inflamed when digestive acid and enzymes are produced to digest food. The ulcer causes pain and can be quite debilitating. The ways in which ulcerations form are better understood all the time. This continues to be an important area of research.

It is estimated 8 to 10 million people are infected with *H. pylori*. The proportion of people with this infection increases considerably with age. About 10-20% of infected adults will develop ulcers. In First Nation communities, approximately 75% of the people are infected. *H. pylori* infection is considered to be a carcinogen by the World Health Organization (WHO) as it is associated with the development of stomach cancer.

For many years it was thought that stress or certain foods caused ulcers. It is now known that most ulcers are caused by a bacterium called Helicobacter pylori (*H. pylori*) that infects the stomach and duodenum and results in



inflammation, pain and the actual ulcer. The initial infection usually first occurs in childhood, although an ulcer may not develop for many years. The second most common cause of an ulcer can be aspirin or non-steroidal anti-inflammatory drugs (NSAIDs).

### How do I know if I have an ulcer?

Symptoms are not always the same for everyone who has a peptic ulcer. Some of the various symptoms are:

- pain in the upper abdomen (which may feel worse when fasting and be relieved by eating a meal)
- vomiting which may contain blood
- black, tarry stools
- loss of weight
- loss of appetite
- lethargy or tiredness

If you are experiencing the symptoms above, you may have an ulcer and should consult with your physician.

### Tests and diagnoses

Safe and effective tests are available to help your physician diagnose whether or not you have an ulcer. These include:

#### Endoscopy

During an endoscopy, a flexible tube with a light and video camera on the end is gently inserted into your mouth and passed into the stomach and duodenum (upper portion of the intestine).



# PEPTIC ULCERS

Ulcers in the stomach or duodenum can be seen in real time with the camera during the procedure. Biopsies (tissue samples) can be taken during the endoscopy. This is the most accurate test for ulcers.

## Upper Gastrointestinal X-ray

This is a special type of X-ray. To prepare for it, you will be asked to drink barium or a similar substance that outlines the inside of your esophagus (the tube that connects your mouth to your stomach), stomach and duodenum. Ulcers appear as defects in the barium that coats the lining of the stomach or duodenum. This test is not always accurate in showing ulcers, especially in children.

## How do I know if my ulcer is due to *H. pylori* infection?

There are several tests available to determine if you have *H. pylori* infection.

### Endoscopy and biopsy

During your endoscopy, a very small piece of the stomach lining (biopsy) is taken. The bacteria can be detected by a chemical test on this tissue sample or by looking under the microscope. In some centers the bacteria can also be cultured from the biopsy.

### Urea Breath test

During this test, you will be asked to swallow a tablet or drink a solution containing a compound called urea. If *H. pylori* is present in the stomach or duodenum, it will break down the urea to produce ammonia and carbon dioxide. The carbon dioxide is carried to the blood and then exhaled in the breath which can be measured.

### Antibody test

Similar to other infections, special proteins, called antibodies, are produced by the immune system following an *H. pylori* infection. These antibodies can be measured in the blood to diagnose exposure to the bacteria. However, they persist for years after successful treatment and therefore cannot be used to prove that the bacteria have been killed.

**Please note:** The information contained in this fact sheet is not a substitute for medical care and the advice of your physician. There may be variations in treatment that your physician may recommend based on your individual facts and circumstances. Always consult with your physician when you have concerns about your health.

## How are peptic ulcers treated?

Acid-suppressing drugs can heal ulcers, however, if *H. pylori* is still present, the pain and risks associated with ulcers will come back. Therefore, the best treatment must involve getting rid of the infection as well.

An effective vaccine to prevent *H. pylori* infection in humans is not available. Researchers are actively working on the development of such a vaccine.

In the past, the recommended treatment involved a combination of two antibiotics and an acid-suppressing drug, called a proton-pump inhibitor (PPI), to be taken for ten days. However, over the years, *H. pylori* infections have become increasingly difficult to treat. As a result, new recommendations for treatment have recently been introduced which involved changes to the strength and length of time medication is to be taken. The new recommendations include the addition of a third antibiotic along with the PPI and that these are to be taken for 14 days. If you have been diagnosed with a peptic ulcer, ask your doctor about the new recommendations. A comparison of treatment is outlined below.

	Past Recommendations	New Recommendations
<b>Strength</b>	2 Combination of <b>2 antibiotics</b> plus proton pump inhibitor	3 Combination of <b>3 antibiotics</b> plus proton pump inhibitor
<b>Length</b>	10 The standard <b>10 days</b> of treatment is becoming increasingly ineffective	14 <b>14 days</b> is now strongly recommended as the treatment time.

## More information

For more information about protecting and enhancing your digestive health, please visit [www.CDHF.ca](http://www.CDHF.ca)

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- Please send me information about protecting and improving my digestive health.

Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

We reduce suffering and improve quality of life by empowering Canadians with trusted, up to date, science-based information about digestive health and disease.

As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:

 **REDUCE**  
the incidence and prevalence of digestive disorders

 **IMPROVE**  
understanding of digestive health issues

 **SUPPORT**  
those suffering from digestive disorders

 **ENHANCE**  
quality of life for those living with digestive disorders

## Request for support

The Canadian Digestive Health Foundation is a national charity governed by a volunteer board of directors. We rely on donations from the public and the generosity of our partners to develop and deliver our programs. Please consider including our Foundation as one of your chosen charities.

## Contact us/Donate to

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