HELICOBACTER PYLORI INFECTION IN PATIENTS WITH ACUTE ISCHAEMIC STROKE
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Background: Helicobacter pylori infection is the most common chronic bacterial infection worldwide. Stroke disease is also common with 150,000 cases occurring each year in the United Kingdom. Antiplatelet therapy is key to the secondary prevention of stroke but the interaction of H. pylori and aspirin is complex and the ensuing gastrointestinal risk uncertain. Even less is known regarding the interaction of H. pylori and other antiplatelet agents.

Aim: To determine the prevalence of H. pylori infection in patients with an acute ischaemic stroke who are commenced on long-term antiplatelet therapy.

Methods: Consecutive patients admitted to City Hospitals NHS Foundation Trust with an acute ischaemic stroke and commenced on oral antiplatelet therapy within 7 days were eligible for inclusion. H. pylori status was determined within 2 weeks of stroke onset using antibody titres and stool antigen testing. Recent gastrointestinal symptoms were assessed using the Long-Form Leeds Dyspepsia Questionnaire (LDQ).

Results: 118 consecutive patients were recruited to the study: median age 71.5 years (IQR=64-81); 60.2% male. 52 (53.6%) patients were both antibody and antigen positive, 10 (10.3%) were antibody positive only, 16 (16.5%) were antigen positive only and 19 (19.6%) were both antibody and antigen negative. Samples were not obtained or were equivocal in 21 patients. There was no correlation between H. pylori status and dyspepsia scores on the LDQ. However the median LDQ score for patients taking antiplatelet therapy immediately prior to stroke (4, IQR 0-9) was significantly higher than in non-users (0, IQR 0-6) (p < 0.05, M-W U test).

Conclusion: In this cohort of acute stroke patients we found a high prevalence of H. pylori infection. The relationship between infection and tolerability to antiplatelet therapy is being explored in the ongoing study ITCAT: Improving Tolerability and Concordance with Antiplatelet Therapy in Older People.