Introduction

Helicobacter pylori (H. pylori) is a worldwide common infection affecting almost 70% – 80% of the adult population, one more so in the Latino-American countries (LAC), with the prevalence being 74.9% in the adult population. The Hispanic-Latino population in the Tarrant County area is 29.5% and increasing. Since H. pylori is a highly transmissible infection, especially in communities with high poverty levels, and is responsible for causing chronic gastritis, peptic ulceration, cholecystitis, esophagitis, and even gastric cancer. The objectives of this study are to find the prevalence of H. pylori in the Hispanic – Latino population of Tarrant County, find the important risk factors for H. pylori infection of the population diagnosed with this infection, if insurance coverage can improve follow-up post treatment, reduce morbidity and mortality and if early intervention by endoscopy of high-risk patients can prevent gastric cancer.

Key Words: Helicobacter pylori, ethnicity, insurance coverage, commodities, endoscopy, treatment, eradication, insurance.

Methods

- Identifying the population
- NRT IRR permission
- Raw data collection
- Applying exclusion and selection criteria

Patient Selection

| Total number of patients diagnosed with H. pylori infection 2011 – 2011 (N = 8588) |
| Number of patients diagnosed with H. pylori infection in 2015 (N = 792) |
| Number of patients per TTA Department corresponding to ICD codes (N = 458) |
| Patients of all ethnicities with recorded diagnostic test results (N = 173) |
| Hispanic-Latino patients with diagnostic test results (N = 127) |
| Total patients treated initially with Triple therapy (N = 127) |

Stool antigen test or endoscopy to test H. I. A. O. (N = 6) |

- Eradicated (N = 70)
- Not Eradicated (N = 11)
- Missing Information (N = 6)

Not Eradicated post treatment with Quad-therapy (N = 6) |

Complications from H. pylori |

GAC (N=2), PUD (N= 46), GI bleeding (N= 61), GB pathology (N= 2), Comaled (N= 7)

Results

1. Prevalence of H. pylori is increased from 20% (2010) to 34.5% (2011) an increase of almost 14% in 10 years.
2. Many patients are seasonal migrants and therefore often report late.
3. Smokers and women with gallbladder disease are at higher risk.
4. Hispanic – Latino patients develop complications 5 years earlier than other ethnicities.
5. Mortality and morbidity including GAC due to H. pylori infection is higher in this ethnicity compared to the other ethnicities.
6. No difference in eradication of H. pylori was found between those with or without insurance coverage (11.84% lost to Followup).
7. Early intervention by upper endoscopy reduces morbidity and mortality, but needs more research.

Conclusions

- Expand medical coverage inspiring more people to report earlier.
- Screen migrant workers at port of entry.
- Screen high-risk patients for GAC by upper endoscopy.
- Increase awareness by health education of families and communities.
- Invest in creating a vaccine due to increased drug resistance especially the CAG A strain and widespread infection.
- Declare H. pylori infection as a health hazard to raise public awareness and public safety.

References


Acknowledgement

1. Dr. Alison Escors, DMPh, PRPE, PA-C, Chair and professor of Northern AZ University for being my research guide.
2. Dr. Randy Caravati, PhD, OPAMA, PA-C (Emeritus), Director of Doctoral Program at the AT Still University for overseeing my research.
3. Huck thousands from (Finance and Ag), University of Edinburgh, Scotland, UK, for helping me with the data analysis.