

EPU Paris VII



Journée de Gastroentérologie

Vendredi 6 janvier 2006

Palais des Congrès de Paris
Porte Maillot - Niveau 3

Organisateurs scientifiques

Professeurs Benoît COFFIN
et Marc LÉMANN

Renseignements et inscriptions

BCA

5, boulevard du Général Leclerc
92113 Clichy Cedex - France
contact@b-c-a.fr - www.b-c-a.fr
T : +33 (0)1 41 06 67 70
F : +33 (0)1 41 06 67 79

L'ARTICLE 2005 AYANT CHANGE LA PRATIQUE

Thierry VALLOT

Clinique Claude Bernard
9, Avenue Louis Armand
95120 ERMONT

thierry.vallot@bch.ap-hop-paris.fr

Ford AC, Qume M, Moayyedi P, Arents NL, Lassen AT, Logan RF, McCoil KE, Myres P, Delaney BC.

Helicobacter pylori "test and treat" or endoscopy for managing dyspepsia: an individual patient data meta-analysis.

Gastroenterology. 2005 ;128:1838-44.

Centre for Digestive Diseases, Leeds General Infirmary, United Kingdom.

BACKGROUND & AIMS: Helicobacter pylori "test and treat" has been recommended for the management of young dyspeptic patients without alarm symptoms, and trials have suggested that it is as effective as endoscopy. However, none of these trials have had sufficient sample size to confirm that "test and treat" costs less or to detect small differences in effect. A collaborative group has prospectively registered trials comparing prompt endoscopy with a "test and treat" approach, with the aim of performing an individual patient data meta-analysis of both effect and resource utilization data.

METHODS: Researchers provided data for meta-analysis, pooling effects of interventions on individual dyspepsia symptoms. Standardized unit costs were applied to resource utilization, and net benefit was calculated at patient level. Effects, costs, and net benefit were then pooled at study level.

RESULTS: Five trials were identified, containing 1924 patients (946 endoscopy [mean age, 40 years], 978 "test and treat" [mean age, 41 years]). The relative risk (RR) of remaining symptomatic after 1 year was reduced with endoscopy compared with "test and treat" (RR = 0.95; 95% confidence interval [CI]: 0.92-0.99). "Test and treat" cost 389 dollars less per patient (95% CI: 275-502 dollars). Using the net benefit approach, at no realistic level of willingness to pay per patient symptom-free did prompt endoscopy become cost-effective.

CONCLUSIONS: Prompt endoscopy confers a small benefit in terms of cure of dyspepsia but costs more than "test and treat" and is not a cost-effective strategy for the initial management of dyspepsia.