

## Patient Diagnosis Resource for ATROPHIC GASTRITIS

### Your Diagnosis

Your doctor has determined that you have atrophic gastritis, a long-standing inflammation of the stomach lining that is most often caused by infection with *Helicobacter pylori* (*H. pylori*) bacteria.

### About the Condition

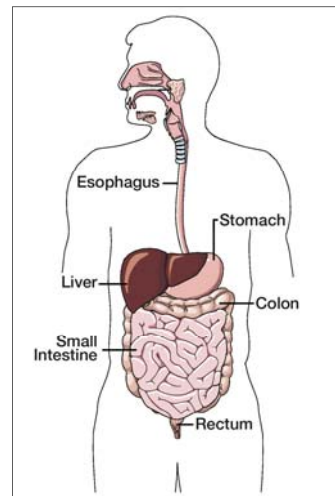
The stomach is a hollow, muscular pouch in the upper-left region of the abdomen, typically 10 inches long in adults. Its main purpose is to process and store food. The walls of the stomach contain layers of muscles and glands that produce enzymes and gastric acid to aid in digestion. A protective and sticky mucous coating normally protects the walls of the stomach from its own corrosive acid.

Atrophic gastritis usually occurs as the result of chronic gastritis, a condition caused by *H. pylori* infection that weakens the protective mucous layer of the stomach and allows gastric acid to reach and damage the stomach lining.

Because atrophic gastritis develops over a long period of time, it is typically found later in life. Years of ongoing inflammation from the condition result in the gradual wasting away (atrophy) of the stomach lining. In turn, the stomach produces less gastric acid.

People with atrophic gastritis usually have no symptoms, although some may experience stomach pain, nausea, vomiting or weight loss. In a few cases, patients may also develop pernicious anemia, the inability to absorb vitamin B-12 from the gastrointestinal tract. This can lead to dementia and an increased risk of stroke and other health problems in older patients if left untreated.

Moreover, people with atrophic gastritis have an increased risk of developing ulcers and stomach cancer.



### Treatment Options

The typical treatment plan for atrophic gastritis seeks to reverse the condition by getting rid of the underlying *H. pylori* infection, thus decreasing the risk of ulcers and stomach cancer. Often more than one treatment is used at the same time. The following treatment possibilities are available:

**Proton Pump Inhibitors** – Medications called proton pump inhibitors seem to hinder the activity of *H. pylori* bacteria. They are also often used to suppress the production of gastric acid.

**Coating Agents** – A different type of medication helps protect the tissues that line the stomach and small intestine. These stomach coating drugs are available by prescription and over the counter (OTC). One such OTC medication is bismuth subsalicylate, which also appears to inhibit *H. pylori* activity.

**Antibiotics** – Antibiotic drugs are used to eliminate the *H. pylori* infection. Sometimes two different antibiotics are prescribed along with a proton pump inhibitor, called triple therapy, which is a very effective method that kills the bacteria nearly 90% of the time. Patients are often tested after their antibiotic treatment ends to determine if the infection is completely gone.

**Vitamin B-12 Injections** – A few patients with atrophic gastritis may need to have ongoing injections of vitamin B-12 to prevent or reverse the development of pernicious anemia.

## What You Can Do

To reduce the symptoms of atrophic gastritis and prevent other digestive problems, you should avoid potential stomach irritants such as smoking, caffeine, alcohol and highly seasoned foods. You can eat smaller, more frequent meals to buffer stomach acid secretion. Be sure to wash your hands thoroughly too, especially at mealtimes and after using the bathroom, since *H. pylori* bacteria are contagious.

In addition, pain relievers containing acetaminophen are generally recommended to use instead of aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen. Talk with your doctor about what prescription and OTC medications are best for your individual situation. Also be sure to tell your doctor if your symptoms get worse or linger.

## Additional Resources

American College of Gastroenterology, 301.263.9000, [www.acg.gi.org](http://www.acg.gi.org)

Digestive Diseases Information Clearinghouse, 800.891.5389, [www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov)

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