

# Peptic ulcer diseases

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Peptic ulcer diseases are usually treated with antacids, proton-pump inhibitors (PPIs), and Histamine<sub>2</sub>-blockers (H<sub>2</sub>-blockers). Proton pump inhibitors work by blocking the final step of acid production and inhibiting gastric acid secretion by being converted to active metabolites that irreversibly bind and inhibit H<sup>+</sup>/K<sup>+</sup> ATPase, an enzyme on the surface of gastric parietal cells (James, 268). Meanwhile, Histamine<sub>2</sub>-blockers inhibit gastric acid secretion by inhibiting histamine action at H<sub>2</sub>-receptors of the parietal cells (James, 269). Antacids work by neutralizing hydrochloric acid and reducing pepsin activity.

Antibiotic therapy prescribed to rule out *Helicobacter pylori* in Mr. P's gastric ulcer includes amoxicillin (Amoxil) and clarithromycin (Biaxin). These medications may cause adverse effects which include headache, pseudomembranous colitis, abdominal pain/discomfort, abnormal taste, diarrhea, dyspepsia, and nausea (Rice, 201). On the other hand, lansoprazole (Prevacid) produces adverse effects which include headache, diarrhea, abdominal pain, nausea, upper respiratory infection, dizziness, vomiting, rash, constipation, cough, asthenia, and backpain (Rice, 336).

Long-term use of medications that suppressed gastric acid secretion has been shown to leave patients at higher risk for esophageal and gastric adenocarcinomas (Duan, et al., 526). Although suppressive medications provide relief from symptoms and promote endoscopic mucosa healing, it doesn't guarantee normalization of pH level and long-term use might contribute to the reflux of carcinogenic secretions.

Additional health teaching for Mr. P includes explanation of the disorder, teaching about dosage, administration, and side-effects of medications, avoidance of caffeine, alcohol, and tobacco, and assisting in dietary

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modifications (Schilling, et al., 191).

Works Cited