LEARNING OBJECTIVES

1. Compare and contrast *Helicobacter pylori*-associated ulcers, nonsteroidal antiinflammatory drug (NSAID)–induced ulcers, Zollinger-Ellison syndrome (ZES), and stress-related mucosal damage (SRMD) as it relates to etiologic and risk factors, pathophysiologic mechanisms, signs and symptoms, clinical course, and prognosis.

2. Describe the advantages and disadvantages of the endoscopic and nonendoscopic tests for the diagnosis of *H. pylori* and the post-treatment confirmation of *H. pylori* eradication.

3. Discuss the most important factors related to the selection of an initial *H. pylori* eradication regimen.

4. Recommend the appropriate management of an *H. pylori*-positive patient with *H. pylori*-associated initial ulcer, recurrent ulcer, or penicillin allergy given current symptomatology and historical information.

5. Design a monitoring plan for a patient with an *H. pylori*-associated ulcer receiving eradication therapy based on patient-specific information and the prescribed drug treatment regimen.

6. List the factors affecting medication adherence for a patient with an *H. pylori*-associated ulcer receiving eradication therapy.

7. Formulate appropriate counseling information to provide a patient with an *H. pylori*-associated ulcer on eradication therapy, given patient-specific information and the prescribed regimen.

8. Recommend the appropriate management of a patient taking a nonselective NSAID at risk for ulcer-related complications given symptomatology and historical information.

9. Recommend the appropriate management of a patient taking a nonselective NSAID diagnosed with an active ulcer given current symptomatology and historical information.

10. Create a monitoring plan for a patient receiving drug cotherapy or a selective cyclooxygenase-2 (COX-2) inhibitor to reduce the risk of NSAID ulcer/GI complication based on patient-specific information and the prescribed drug treatment regimen.

11. Formulate appropriate counseling information for a patient receiving drug cotherapy or a selective COX-2 inhibitor to reduce the risk of a NSAID ulcer/GI complication, given patient-specific information and the prescribed drug regimen.

12. Prepare a monitoring plan for a patient receiving drug treatment of an active NSAID ulcer based on patient-specific information and the prescribed drug treatment regimen.

13. Formulate appropriate counseling information for the treatment of an active NSAID ulcer based on patient-specific information and the prescribed drug treatment regimen.

14. Design an algorithm for the evaluation and management of a patient with dyspeptic symptoms suggestive of an *H. pylori*-associated or NSAID-induced ulcer.

15. Formulate an appropriate pharmacotherapy treatment plan for the patient with acute peptic ulcer bleeding based on initial presentation, endoscopic identification of the appearance of the ulcer, and risk of rebleeding.

16. Discuss the advantages and disadvantages of the available pharmacotherapeutic options used to manage peptic ulcer bleeding with respect to rebleeding rates, requirement for surgical intervention, and mortality.

17. Discuss the risk factors associated with stress-related mucosal bleeding (SRMB) in the critically ill patient in the intensive care setting.

18. Describe alternative dosage forms and dosing strategies for preventing SRMB given the patient’s clinical condition to achieve cost-effective care.

19. Develop a monitoring plan for discontinuing SRMB prophylaxis when risk factors have resolved and the patient is no longer at risk for SRMB or when the patient is discharged from the intensive care setting.