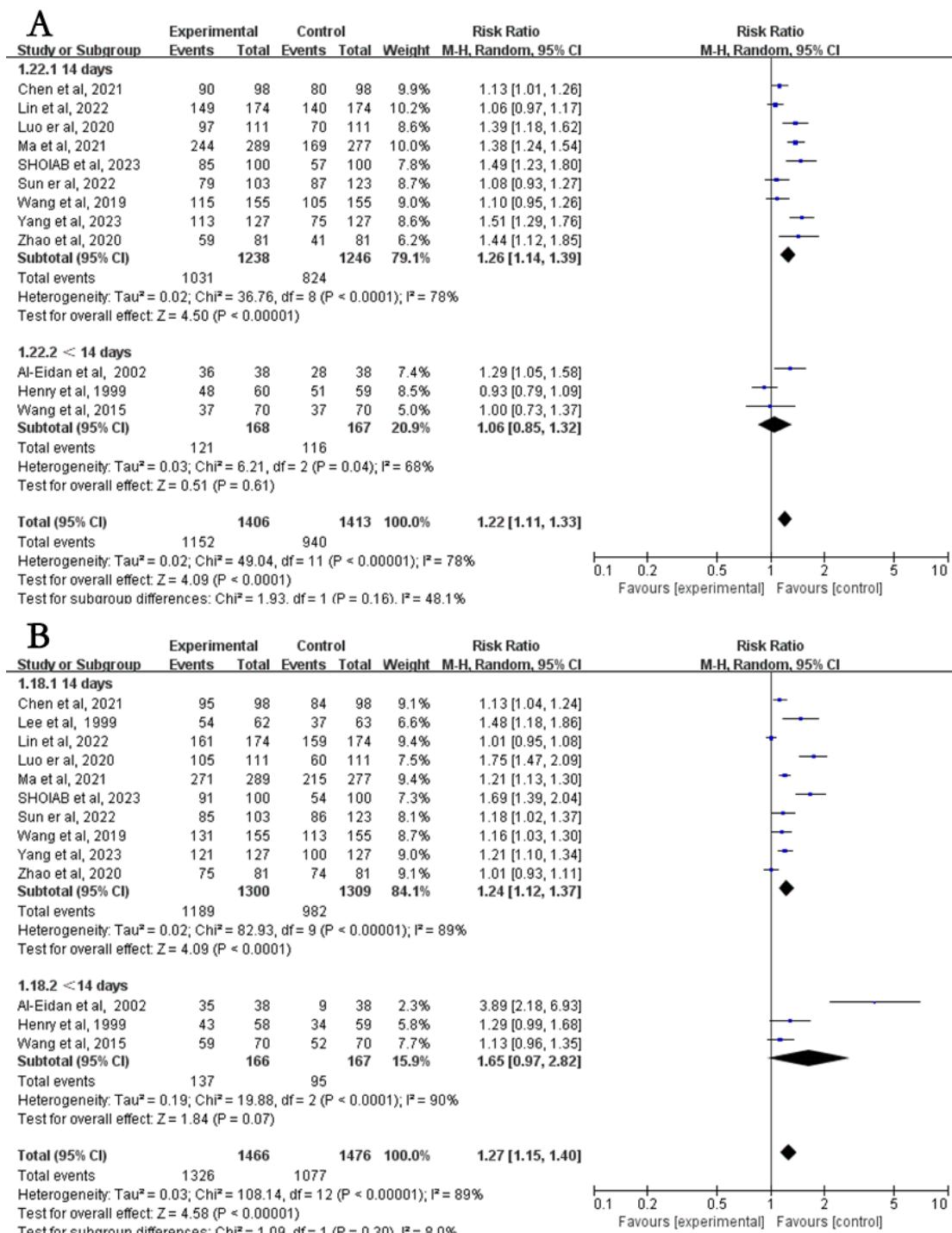
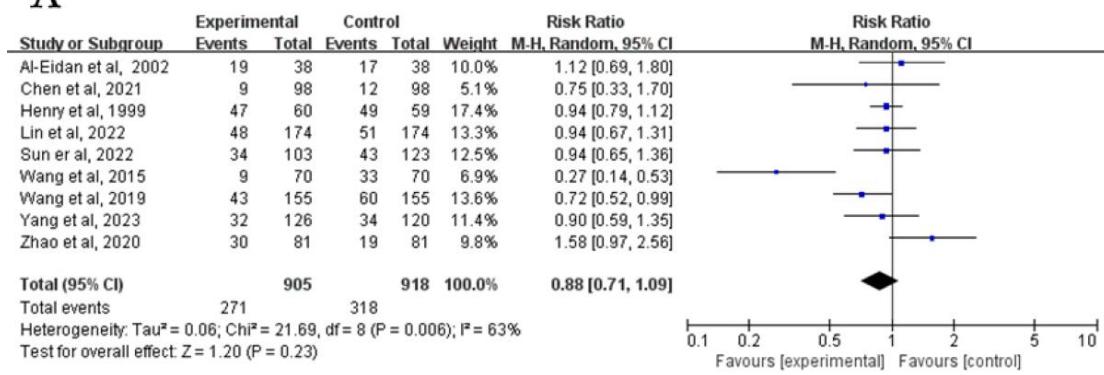
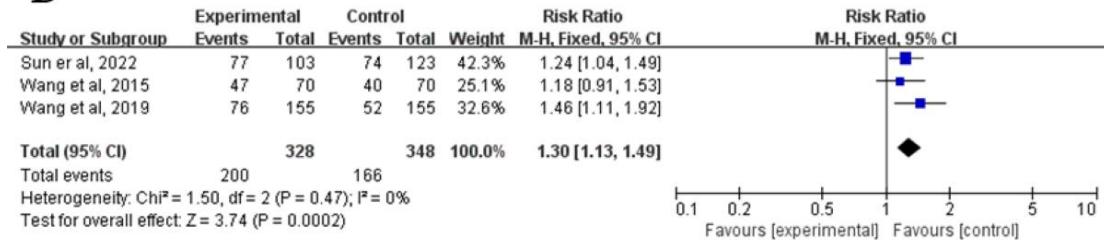


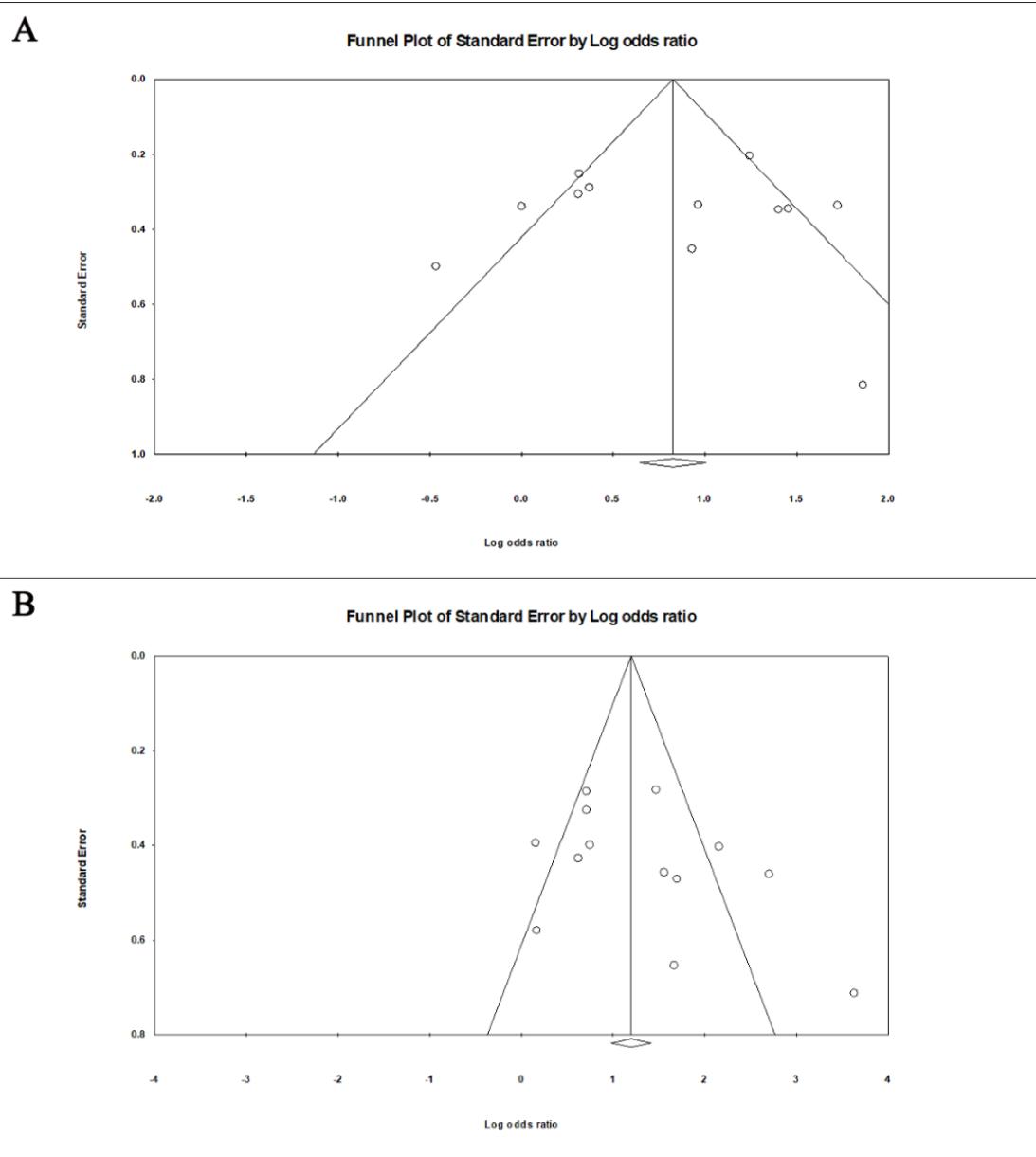
Supplementary Figure 1. Quality assessment results of included studies. (A) Risk of bias assessment for randomized controlled trials using the Cochrane Risk of Bias 2 (RoB 2) tool. (B) Risk of bias assessment for retrospective cohort studies using the ROBINS-I tool.



Supplementary Figure 2. Subgroup analysis of *H. pylori* eradication rate and patient compliance based on different treatment durations. (A) Subgroup analysis for *H. pylori* eradication rate. (B) Subgroup analysis for patient compliance

A**B**

Supplementary Figure 3. (A) Forest plot comparing adverse events between educational groups and control groups; (B) Forest plot comparing satisfaction between educational groups and control groups.



Supplementary Figure 4. Funnel plots assessing publication bias of included studies.

(A) Funnel plot for *H. pylori* eradication rate. (B) Funnel plot for patient compliance.

Effects of New Media-Based Education on the Treatment of *Helicobacter pylori* Infection



H. pylori infection is a global public health problem.



Eradication: 81.9% vs 67.0% ($P<.001$)
Compliance: 90.5% vs 73.0% ($P<.001$)



Adverse events: no difference ($P=.23$)
Patient satisfaction: higher in NME ($P<.001$)



The study included 13 trials (11 randomized controlled trials and 2 retrospective cohorts) with a total of 2,942 patients.



New media education (WeChat, apps, SMS, phone) vs conventional verbal/written education.



WeChat (one-to-one)



Age ≤ 60



Better with NME across subgroups, especially one-to-one WeChat.

Summary: New media-based education (NME) improves *H. pylori* eradication and compliance without increasing adverse events, especially with personalized WeChat interventions.



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Visual Abstract. New media-based education improves *Helicobacter pylori* eradication and treatment adherence.