

Proton pump inhibitors are a risk factor for *C. difficile* reinfection

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Clostridium-difficile-associated diarrhea (CDAD) is the most common cause of hospital-acquired diarrhea. Although initial response rates to specific antibiotic therapy exceed 90 percent, 10-30 percent of patients experience disease recurrence. Risk factors influence CDAD recurrence are not yet fully understood. A research group in Korea investigated the risk factors for CDAD recurrence. Advanced age, serum albumin levels less than 2.5g/dL and use of PPIs were found to be significant risk factors for CDAD recurrence.

The risk factors for CDAD recurrence have been described as advanced age, severe underlying disease such as renal impairment, multiple episodes of previous CDAD infection, and high white blood cell counts. Recent literature suggests that the use of gastric acid suppressive agents, especially proton pump inhibitors (PPIs) is associated with CDAD recurrence, although results appear to be conflicting.

A research article to be published on July 28, 2010 in the [World Journal of Gastroenterology](#) addresses this question. This research led by Professor Lee from Seoul National University Boramae Hospital investigated the risk factors for CDAD recurrence and the relationship between the use of PPIs and CDAD recurrence. Of the 125 patients that developed CDAD, 98 (78.4%) patients did not experience recurrence and 27 (21.6%) experienced one or more episodes of recurrence.

Age > 65 years, low serum albumin level

Of these [risk factors](#), the use of PPIs is a modifiable risk factor, and thus, it is appropriate to review constantly the necessity for concomitant use of PPIs in patients with CDAD. Prevention of unwarranted PPI therapy may be helpful in reducing the risk of CDAD recurrence, and additional larger studies are needed to understand better the relationship between PPI use and CDAD recurrence.

More information: Kim JW, Lee KL, Jeong JB, Kim BG, Shin S, Kim JS, Jung HC, Song IS. Proton pump inhibitors as a risk factor for recurrence of Clostridium-difficile-associated diarrhea. World J Gastroenterol 2010; 16(28): 3573-3577
www.wjgnet.com/1007-9327/full/v16/i28/3573.htm

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