

Guideline now recommends fecal microbiota transplant for the majority of recurrent *C. diff* patients

February 21 2024



A medical illustration of *Clostridioides difficile* bacteria, formerly known as *Clostridium difficile*, presented in the Centers for Disease Control and Prevention (CDC) publication entitled, *Antibiotic Resistance Threats in the United States, 2019*. Credit: CDC

In the first comprehensive evidence-based guideline on the use of fecal microbiota-based therapies for gastrointestinal disease, the American Gastroenterological Association recommends fecal microbiota transplant (FMT) for most patients with recurrent *Clostridioides difficile* (C. diff) infection.

"Using [fecal microbiota transplant](#), we take stool from a healthy donor and transfer it to the colon of the person with recurrent C. diff, restoring balance to their [gut microbiome](#)," explains guideline author Dr. Anne Peery. "FMT is a safe and effective treatment with enough scientific evidence to offered to most patients with two or more C. diff recurrences."

In the U.S., nearly [half a million people](#) each year experience C. diff, and 1 in 6 of those people will deal with a C. diff recurrence within two to eight weeks.

For patients with recurrent C. diff infection at a high risk of recurrence:

- AGA recommends the use of FMT-based therapy after completing a course of standard-of-care antibiotics. Only severely [immunocompromised patients](#) (such as patients who are neutropenic or have received a [bone marrow transplant](#)) are excluded from this recommendation.

For hospitalized patients with severe C. diff infection:

- AGA recommends the use of conventional FMT following standard of care [antibiotic therapy](#) in select patients if there is no improvement.

FMT therapies are not recommended as a treatment for inflammatory bowel diseases (IBD) or [irritable bowel syndrome](#) (IBS). AGA encourages patients interested in FMT for conditions other than C. diff to participate in a clinical trial.

Key takeaways

- FMT offers hope to patients suffering from recurrent C. diff infection, as a safe and effective treatment.
- The majority of patients with recurrent C. diff are candidates and can consider an FMT therapy to prevent recurrence.

"C. diff is debilitating. Thanks to this new American Gastroenterological Association guideline, patients will suffer for shorter periods of time and be able to get back to leading happy and healthy lives," concluded Amanda Kabage, MS, FMT researcher and FMT recipient who contributed to the development of this guideline.

This guideline covers the use of conventional FMT, performed most commonly using donor stool delivered via colonoscopy, as well as recently FDA-approved therapies such as fecal microbiota live-jslm (REBYOTA) delivered via enema and fecal microbiota spores live-brpk (VOWST) delivered in an oral capsule.

More information: Anne F. Peery et al, AGA Clinical Practice Guideline on Fecal Microbiota–Based Therapies for Select Gastrointestinal Diseases, *Gastroenterology* (2024). DOI: 10.1053/j.gastro.2024.01.008

Provided by American Gastroenterological Association

Citation: Guideline now recommends fecal microbiota transplant for the majority of recurrent C. diff patients (2024, February 21) retrieved 22 June 2024 from <https://medicalxpress.com/news/2024-02-guideline-fecal-microbiota-transplant-majority.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.