

Guidance updated for managing *C. difficile* infection in adults

12 July 2021



acceptable alternative for first recurrence.

Bezlotoxumab is suggested as a co-intervention with standard-of-care antibiotics rather than standard-of-care antibiotics alone for patients with a recurrent CDI episode within the last six months.

"Head-to-[head](#) trials of differing anti-CDI recurrence strategies using narrow-spectrum [antibiotics](#) that target *C. difficile*, restoration of the microbiome using biotherapeutics or fecal microbiota transplantation, or augmentation of the host [immune response](#) with agents such as bezlotoxumab given alone or in combination (e.g., in combination with fidaxomicin) are needed," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

(HealthDay)—Use of fidaxomicin and bezlotoxumab is suggested in specific cases for management of *Clostridioides difficile* infection (CDI), according to a clinical practice guideline update issued by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America and published online June 24 in *Clinical Infectious Diseases*.

Stuart Johnson, M.D., from the Loyola University Medical Center in Maywood, Illinois, and colleagues present updated recommendations for the management of CDI in adults, specifically addressing use of fidaxomicin and bezlotoxumab for CDI treatment.

The authors suggest using fidaxomicin for an initial CDI episode, rather than a standard course of vancomycin, while vancomycin remains an acceptable alternative. Fidaxomicin (standard or extended-pulsed regimen) is suggested rather than a standard course of vancomycin in patients with recurrent CDI episodes; [vancomycin](#) remains an

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APA citation: Guidance updated for managing C. difficile infection in adults (2021, July 12) retrieved 22 October 2021 from <https://medicalxpress.com/news/2021-07-guidance-difficile-infection-adults.html>

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