

UMSJMC Antimicrobial Stewardship Mini-Newsletter
"C the Difference in Managing Recurrent *C. diff*"

2017 IDSA *Clostridium difficile* (*C. diff*) Guidelines (published Feb 15, 2018)

<i>Clinical Definition</i>	<i>Recommended Treatment</i>	<i>Clinical Pearls</i>
Initial episode	<ul style="list-style-type: none"> Vancomycin (VAN) 125 mg PO every 4 hours (q4h) x 10 days (d) 	Alternative: Fidaxomicin (FDX) 200 mg PO q12h (requires ID or GI consult)
Initial episode, fulminant - Shock, ileus, megacolon	<p><i>No complete ileus:</i></p> <ul style="list-style-type: none"> VAN 500 mg PO q4h <p><i>Complete ileus:</i></p> <ul style="list-style-type: none"> VAN 500 mg PO q4h + metronidazole 500 mg IV q8h + VAN PR 	VAN PR administered ONLY for complete ileus <ul style="list-style-type: none"> Prepared as an enema of VAN 500 mg in 100 mL of normal saline
First recurrence	<p><i>If initial episode treated with metronidazole alone:</i></p> <ul style="list-style-type: none"> VAN 125 mg PO q6h x 10-14d <p><i>If initial episode treated with VAN PO:</i></p> <ul style="list-style-type: none"> VAN tapered and pulsed: VAN 125 mg PO q6h x 10-14 d, q12h x 7 d, q24h x 7 d, and then every other day for 2-8 weeks FDX 200 mg PO q12h (requires ID or GI consult) 	FDX is a high cost drug, often requires prior authorization <ul style="list-style-type: none"> Send prescription as soon as possible if patient will discharge on FDX
Subsequent recurrence	<ul style="list-style-type: none"> VAN tapered and pulsed, see above FDX 200 mg PO q12h (requires ID or GI consult) VAN 125 mg PO q6h x 10 d, and then rifaximin 400 mg q8h x 20 d 	Other option: fecal microbiota transplantation

Prevention of Recurrent *C. diff*

- In addition to antibiotic stewardship and minimizing proton pump inhibitor use, secondary prophylaxis with VAN 125 mg PO q12h may be indicated:

Patients in whom to consider secondary prophylaxis:

- ≥ 1 confirmed prior *C. diff* ep. within 6 months
- AND receiving systemic antibiotics
- AND ≥ 1 risk factor(s): age ≥ 65 years, ≥ 2 prior *C. diff* ep., documented *C. diff* recurrence

Patients that should NOT be considered for secondary prophylaxis:

- Receiving concurrent metronidazole
- Without confirmed prior *C. diff* ep.

Take Home Message:

- Evaluate for previous history of *C. difficile* in determining treatment and secondary prophylaxis
- Management of recurrent *C. difficile* requires tapered and pulsed vancomycin or alternative agent/strategy

References:

- Clin Infect Dis. 2018;66(7):e1-e48.

For questions, please DocHalo Chelsea Huang, PharmD, BCIDP at "SJMC Pharmacist Antibiotic Stewardship"