

Prescribing tip for information

**Clostridioides difficile Infection: Updated treatment options for 1st episode & relapse/recurrence**



*Clostridioides difficile* (*C. difficile*) infection is defined as diarrhoea with either a positive *C. difficile* toxin test OR results of *C. difficile* toxin test pending AND a clinical suspicion of *C. difficile*. NICE have recently published a new [guideline](#) on antimicrobial prescribing for *C. difficile* infection in adults, young people and children aged > 72 hours. <sup>(1)</sup> It sets out an antimicrobial prescribing strategy aiming to optimise antibiotic use and reduce antibiotic resistance.

**Treatment options are listed below and replace the previous treatment recommendations.  
Oral Metronidazole, previously a 1<sup>st</sup> line treatment for mild to moderate *C. difficile* infection, has been removed**

***C. difficile* Infection treatment options for adults ≥ 18 years <sup>(1)</sup>**

**First line for 1<sup>st</sup> episode of mild, moderate, or severe *C. difficile* infection:** Vancomycin 125mg orally four times a day for 10 days  
**Second line for 1<sup>st</sup> episode of mild, moderate, or severe *C. difficile* infection:** Fidaxomicin 200mg orally twice a day for 10 days.  
(Second line should be used if first line is ineffective) \*\*If first and second line are ineffective: seek specialist advice

**Further episode of *C. difficile* infection within 12 weeks of symptom resolution (relapse)**  
Fidaxomicin 200mg orally twice a day for 10 days

**Further episode of *C. difficile* infection more than 12 weeks after symptoms resolution (recurrence)**  
Vancomycin 125mg orally four times a day for 10 days OR Fidaxomicin 200mg orally twice a day for 10 days

See the [BNF](#) for appropriate use in specific populations, for e.g., hepatic /renal impairment, pregnancy, and breastfeeding

**For prompt advice on treatment of suspected or confirmed *C. difficile* infection in adults (1<sup>st</sup> episode, relapse or recurrence) the microbiology department can be contacted. Treatment advice should always be obtained from the microbiologist or paediatric specialist for patients under 18 years of age. Seek urgent advice in cases of life-threatening *C. difficile* infection.**

- Review existing antibiotic treatment and stop it unless essential. If still essential, consider switching to one with a lower risk of causing *C. difficile* infection. <sup>(1)</sup>
- Review the need to continue proton pump inhibitors, medication with gastro-intestinal activity (e.g., laxatives) and medication which may be problematic if patients become dehydrated (e.g., diuretics). <sup>(1)</sup>
- Avoid antimotility medication (e.g., loperamide) in cases of confirmed or suspected *C. difficile* infection <sup>(1)</sup>

**Review regularly.** Diarrhoea may take 1 to 2 weeks to resolve therefore it is not usually possible to determine whether antibiotic treatment for *C. difficile* is ineffective until day 7. However, if symptoms or signs do not improve as expected, or worsen rapidly or significantly at any time refer promptly to secondary care and urgently if a patient has a life-threatening infection <sup>(1)</sup>

Please access the new [NICE guide \[NG 199\]](#) for comprehensive recommendations and advice, including supportive care. For suspected or confirmed *C. difficile* infection, see [Public Health England's guidance on diagnosis and reporting](#).

Guidance from NICE & PHE for [managing common infections](#) can be found in this rapid reference [summary](#).

**References**

1. *Clostridioides difficile* infection: antimicrobial prescribing. NICE guideline [NG 199] 23<sup>rd</sup> July 2021

**To contact the Medicines Optimisation Team please phone 01772 214302**

**If you have any suggestions for future topics to cover in our prescribing tips, please contact [Nicola.schaffel@nhs.net](mailto:Nicola.schaffel@nhs.net)**