

# ACG issues guidelines for *C. diff* management in adults

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In clinical guidelines issued by the American College of Gastroenterology and published online May 19 in the *American Journal of Gastroenterology*, recommendations are presented for the management of *Clostridioides difficile* infection (CDI) in adults.

Colleen R. Kelly, M.D., from the Warren Alpert Medical School of Brown University in Providence, Rhode Island, and colleagues developed recommendations for prevention, diagnosis, and treatment of CDI in adults.

The authors recommend against probiotics for prevention of CDI in [patients](#) treated with antibiotics (primary prevention) and for prevention of CDI recurrence (secondary prevention). To distinguish colonization from active infection, CDI testing algorithms should include a highly sensitive and highly specific testing modality. To treat an initial episode of nonsevere CDI, oral vancomycin 125 mg four times daily is recommended for 10 days; oral fidaxomicin 200 mg twice daily for 10

days is also suggested. For treatment of an initial episode of nonsevere CDI in low-risk patients, oral metronidazole 500 mg three times daily for 10 days may be considered. The addition of vancomycin enemas may be beneficial for patients with an ileus. For patients with severe and fulminant CDI refractory to [antibiotic therapy](#), fecal microbiota transplantation (FMT) can be considered, especially when patients are deemed poor surgical candidates. FMT is recommended to prevent further recurrences for patients experiencing their second or further recurrence of CDI.

"Understanding around the pathophysiology of the infection, including the relative roles of the gut microbiota and host immune factors, has increased, and further research may identify new targets for prevention and treatment," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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