

DESCRIPTION AND FOLLOW-UP OF THE USE OF FIDAXOMICIN IN A TERTIARY CARE HOSPITAL.

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BACKGROUND AND IMPORTANCE

Clostridioides difficile is the leading cause of nosocomial diarrhea, with an increasing incidence in community settings. The infection is strongly associated with prior antibiotic exposure, particularly in hospitalized patients or those with significant comorbidities.

AIM AND OBJECTIVES

To describe the use of fidaxomicin in a tertiary care hospital, analyzing its utilization pattern, patient characteristics, and clinical outcomes.

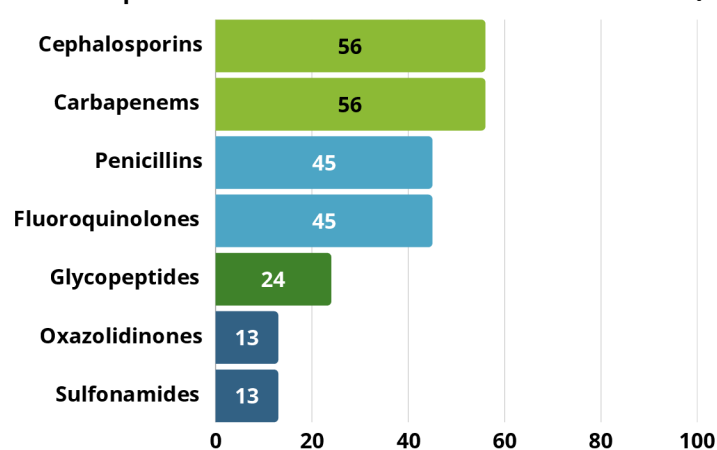
METHODS AND MATERIALS

A retrospective single-center observational study of patients with positive *Clostridioides difficile* toxin treated with fidaxomicin (January 2024–February 2025). Data collected included demographics, treatments, *C. difficile*-related admissions and recurrences, prior antibiotic exposure, fidaxomicin use, and cost (MFP). Information was obtained from electronic records and prescribing systems and analyzed descriptively using medians/ranges and frequencies (%).

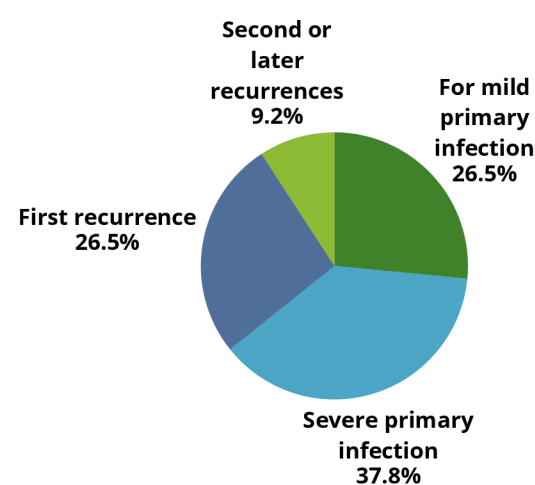
RESULTS

Two thirds of patients had previously received oral vancomycin. All were treated with oral fidaxomicin, mostly using the standard 10-day regimen. The majority had been exposed to systemic antibiotics in the preceding year, with a median of three courses.

The most frequent antibiotic classes were (%):



Fidaxomicin was used:



Number of patients: 75
Male subjects: 62,7 %
Median age: 65 years

Only six patients (8%) experienced recurrence within one year, and sixteen (21.3%) required hospitalization. A total of 1,570 units of fidaxomicin were used, with an estimated cost of €114,316.

CONCLUSIONS AND RELEVANCE

Fidaxomicin is a preferred option over vancomycin for *Clostridioides difficile* infection, especially in high-risk patients, as it may reduce recurrences and hospital admissions despite higher direct costs, supporting evidence-based and individualized treatment protocols.

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