EFFECTIVENESS AND SAFETY OF FIDAXOMICIN AS FIRST-LINE THERAPY FOR CLOSTRIDIOIDES DIFFICILE INFECTION

MDV RIVERO GARCÍA 1 , I. SÁNCHEZ LOBÓN 2 , MDLÁ. OCAÑA DE LA ROSA 1 , MV MANZANO MARTÍN 1 , ME RODRÍGUEZ MATEOS 1 .
1 HOSPITAL UNIVERSITARIO PUERTA DEL MAR, FARMACIA HOSPITALARIA, CÁDIZ, ESPAÑA.
2 HOSPITAL UNIVERSITARIO DE CEUTA, FARMACIA HOSPITALARIA, CÁDIZ, ESPAÑA.
***mvalleriverogarcia@gmail.com**

4CPS-256

BACKGROUND AND IMPORTANCE

Clostridioides difficile infection is a significant cause of nosocomial diarrhoea, associated with high morbidity and mortality and frequent recurrences.

Fidaxomicin, a narrow-spectrum macrocyclic antibiotic, has demonstrated efficacy comparable to vancomycin with lower recurrence rates, and is recommended as first-line treatment for patients at high risk of recurrence.

AIM AND OBJECTIVES

To evaluate the effectiveness and safety of fidaxomicin as first-line treatment for *Clostridioides difficile* infection in real-world clinical practice.

MATERIAL AND METHODS

★ Study design:
Retrospective descriptive study of patients treated with fidaxomicin as first-line therapy.

★ Primary variables collected:
High risk of recurrence, antibiotic use within 3 months prior to diagnosis, concomitant proton pump inhibitor (PPI) therapy, clinical cure, recurrence or reinfection, and clinical complications.

★ Safety assessment:
Adverse events and treatment discontinuations.

★ Effectiveness endpoints:
Clinical cure (symptom-free at 48 h post-treatment), recurrence (<8 weeks), and reinfection (>8 weeks).

RESULTS

PATIENTS

A total of **61 patients** were included (mean age 62 ± 20 years; 59% male)

CLINICAL VARIABLES

RISK FACTORS FOR RECURRENCE	N(%)
Immunocompromised	39 (64)
Age >65 yearswith severe disease	27(44)
Antibiotic use ≤3 months before diagnosis	46 (75)
→ High-risk antibiotics*	28(61)*
Proton pump inhibitor (PPI) use at diagnosis	49 (80)
→ PPI discontinued*	32(65)*

THERAPY AT DIAGNOSIS	N (%)
Active antibiotic therapy **→ *Discontinued****	34 (56) 19 (56)*
Proton pump inhibitors (PPIs) **→*Discontinued****	49 (80) 32 (65)*

EFFICACY

Clinical resolution was achieved in **87%** (53/61), with **recurrence** in **5%** (3/61) and **no reinfections** reported.

SAFETY

No fidaxomicin-related adverse events were reported. CDI-related clinical complications occurred in 20% (12/61), including pseudomembranous colitis (18%, 11/61) and paralytic ileus (1%, 1/61).

CONCLUSION AND RELEVANCE

First-line fidaxomycin showed high effectiveness, low recurrence rates and an excellent safety profile in real-world clinical practice, supporting its preferential use in high-risk patients.