

INCREASE IN HEALTHCARE COSTS WITH FIDAXOMICIN INSTEAD OF VANCOMYCIN FOR CLOSTRIDIUM DIFFICILE TREATMENT

BACKGROUND

Clostridium difficile (CD) colonizes the human intestinal tract after the normal flora has been disrupted (in association with antibiotic therapy). Clinical guidelines use fidaxomicin as the first line in patients at greater risk for recurrence (age >65 years, compromised immunity, severe CDI) in accordance with 2021 Infectious Diseases Society of America (IDSA).



AIM AND OBJECTIVES



Evaluation of the cost increase in the treatment of CD if patients are treated with fidaxomicin instead of vancomycin after the failure of the first line of treatment or in the first line according to age recommendations of the IDSA.



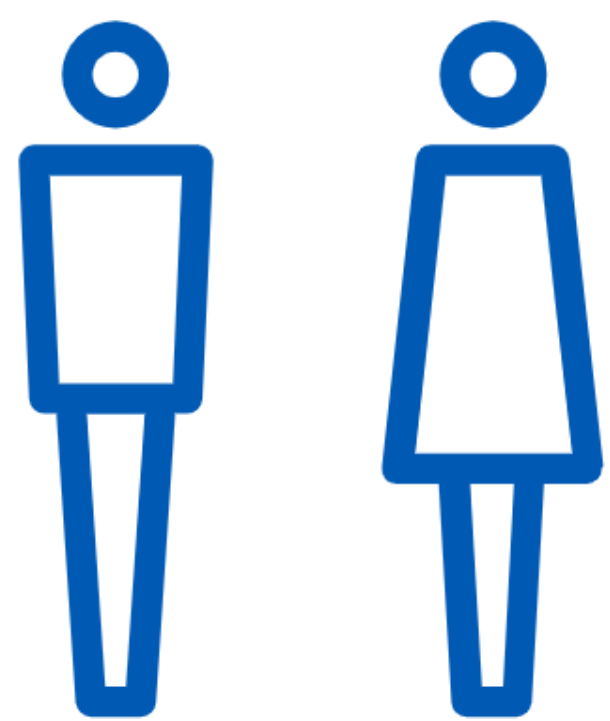
MATERIALS AND METHODS



Retrospective observational study. Were included patients diagnosed with pseudomembranous colitis and treated with oral vancomycin for CD from 10/01/2020 to 09/30/2021. Clinical sources used were from Farmatools® and the Electronic Medical Record Selene®.



RESULTS



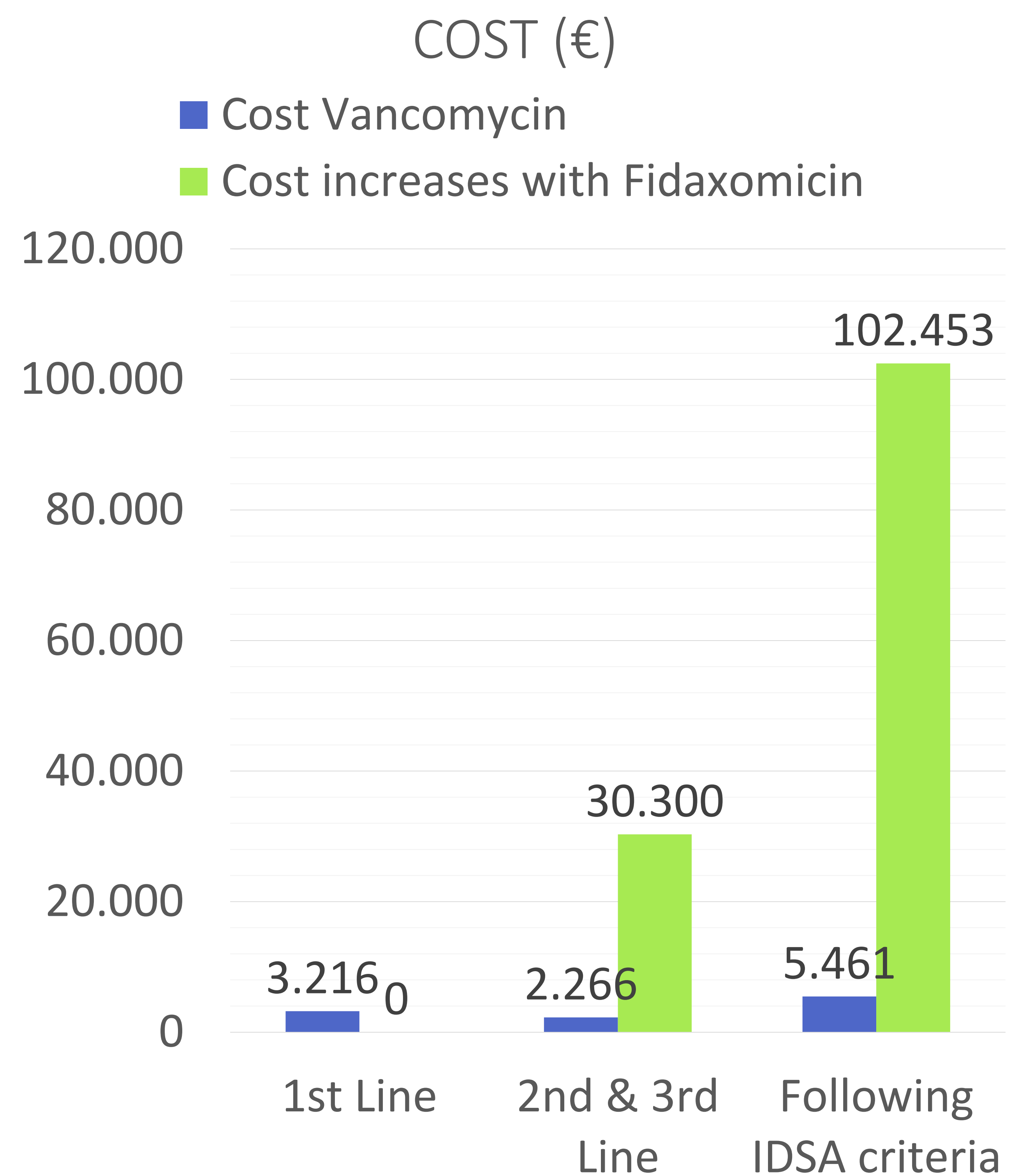
- 97 patients
- 48.45% men
- median age 72 years (SD 16).



- 9 empirically treated.
- 88 positive for *Clostridium difficile*.
- 5 patients died from another pathology (3 during the first line and 2 during the second line)



- 73 patients (75.26%) (43.84% men) only need one line with vancomycin
- 19 patients (19.59%) (63.16% men) required a second (15 patients) or third line (4 patients)
- 71 patients (73%) have the IDSA criteria



CONCLUSIONS

The use of fidaxomicin represents a very high increase in healthcare costs compared to vancomycin. In our study all patients were cured with the use of vancomycin. It should also be noted that in clinical trials and meta-analyzes, fidaxomicin achieves a modest superior efficacy compared to vancomycin.

