

ANALYSIS OF MEDICAL TREATMENT, RISK FACTORS AND RECURRENCE OF CLOSTRIDIODES DIFFICILE NOSOCOMIAL DIARRHOEA

4CPS-264

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BACKGROUND AND IMPORTANCE

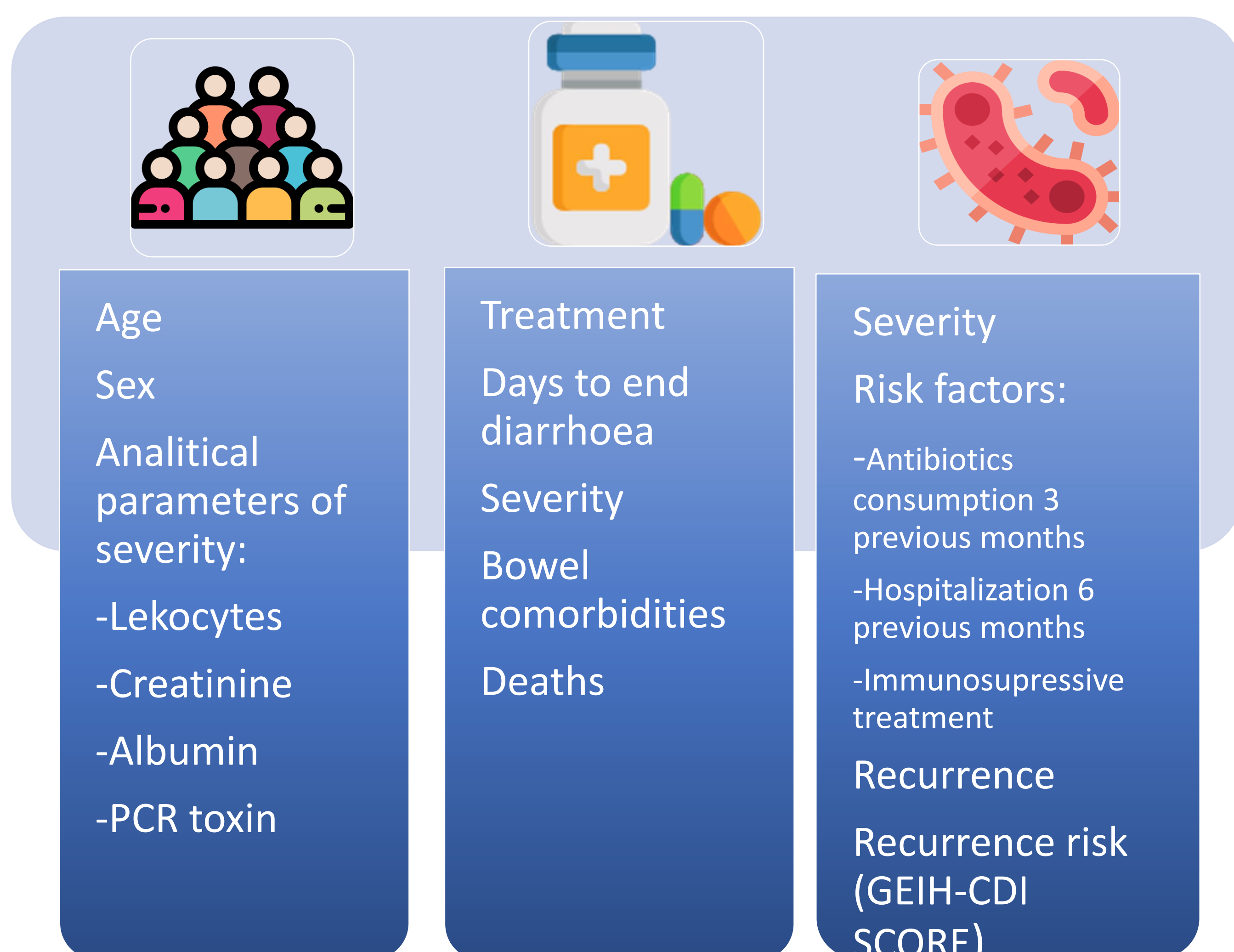
The frequency of *Clostridioides difficile* infection (CDI) has been increasing worldwide to become one of the most common infections. Evidence about risk factors and predictive tools can help to get an optimal clinical management hospital-acquired

AIM AND OBJETIVES

Analyze medical treatment and risk factors of patients with CDI in order to optimize therapy and try to predict recurrence

MATERIALS AND METHODS

Retrospective descriptive study (January 2012- September 2021)



GEIH-CDI SCORE

Low risk 0-1 points (10% RR)
Medium risk 2-3 points (20%RR)
High risk >4 points (40%RR)

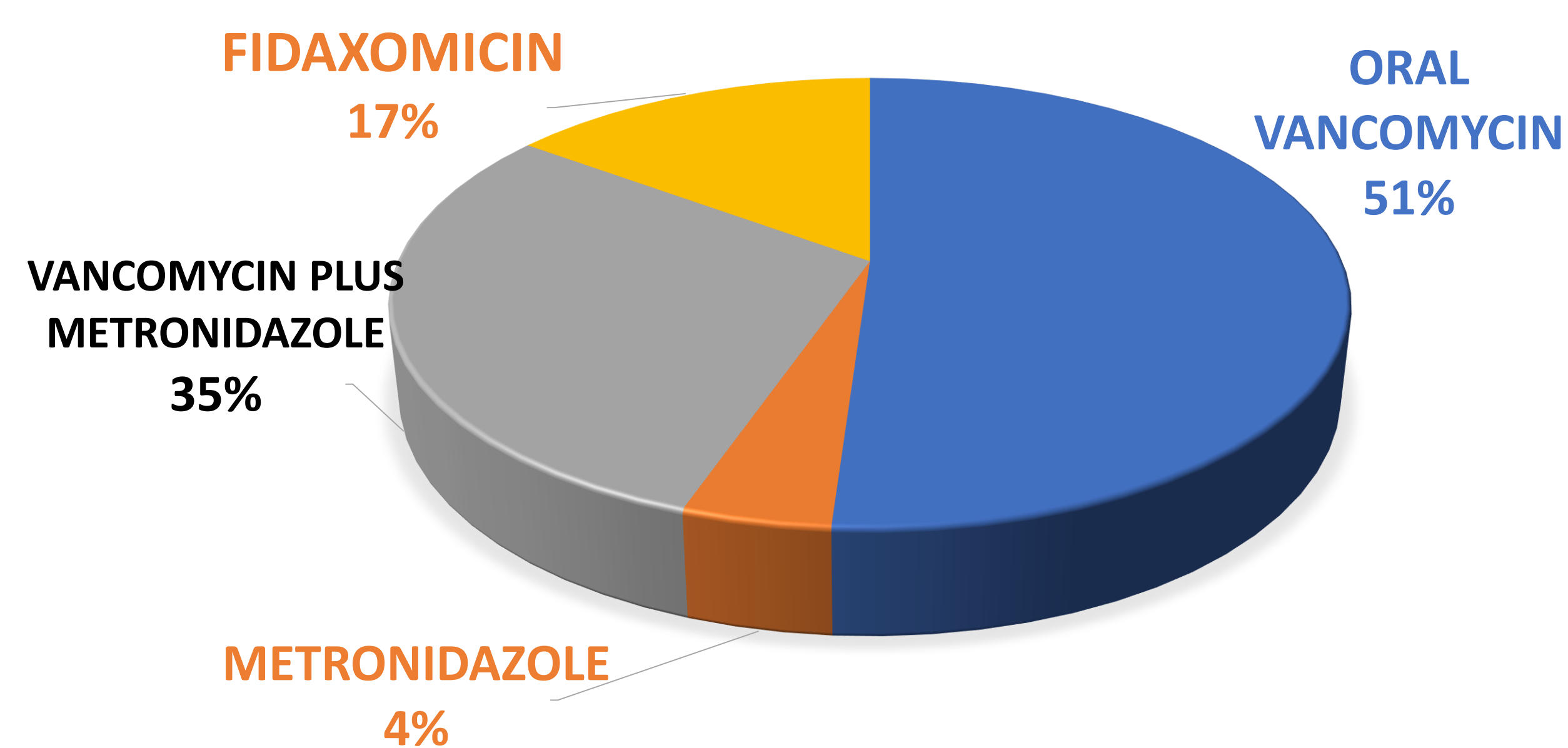
SCORE DEFINED

- <70 years (0 points)
- 70-79 years (1 point)
- 80>years (2 points)
- Any episode last year (2 points)
- Toxin PCR positive (1 point)
- Persistent diarrhoea after 5 days (2 points)

RESULTS

Total patients: 40 (55% men)
Mean age: 66,2±18,5
Toxin PCR positive: 35(81%)

TREATMENT



DISEASE

Bowel comorbidities: 24 (60%)
Mean days to end diarrhoea :6,06 ± 3
Mild or moderate disease: 31 (77,5%)
Severe disease: 7 (17,5%)
Fulminant disease: 2 (5%)
Recurrence: 8 (20%)

RISK FACTORS

Antibiotics consumption 3 previous months: 34 (85%)
Hospitalization 6 previous months: 31(77%)
Immunosuppressive treatment: 8 (20%)

GEIH-CDI SCORE

Low risk: 16(40%)
Medium risk: 14(35%)
High risk: 10 (25%)

CONCLUSION AND RELEVANCE

Treatment was optimal in general although, there are two patients treated only with metronidazole. The most patients have risk factors infection, being the most important antibiotics consumption and previous hospitalization, it is matches with the proportion of patients with comorbidities. Recurrence was similar to high risk of recurrence measured with GEIH-CDI score, this show the utility of this tool to predict recurrence.