

CLOSTRIDIUM DIFFICILE INFECTION (CDI) Supporting information

This guideline has been prepared with reference to the following:

NICE. Faecal microbiota transplant for recurrent Clostridium difficile infection. 2022. London. NICE

<https://www.nice.org.uk/guidance/mtg71>

NICE. Clostridioides difficile infection: antimicrobial prescribing. 2021. London. NICE

<https://www.nice.org.uk/guidance/ng199>

Public Health England. Clostridium difficile infection: guidance on management and treatment - Options, agents, recommendations and algorithms for the treatment of Clostridium difficile (C. difficile) infection. 2021. PHE. London

<https://www.gov.uk/government/publications/clostridium-difficile-infection-guidance-on-management-and-treatment>

American College of Gastroenterology. Guidelines for Diagnosis, Treatment, and Prevention of Clostridium difficile Infections. 2021

<http://gi.org/guideline/diagnosis-and-management-of-c-difficile-associated-diarrhea-and-colitis/>

Does administration of an antimicrobial in the previous 3 months increase the risk of C. difficile Infection (CDI)?

A 2011 Dutch case-control study found that antibiotic use increases the risk for CDI during therapy and in the period of 3 months after cessation of antibiotic therapy (Stevens, 2011). The highest risk for CDI was found during and in the first month after antibiotic use. During antibiotic therapy and in the first month after cessation of the therapy, patients had a 7–10-fold increased risk for CDI (OR 6.7–10.4). This risk declined in the period between 1 and 3 months after the antibiotic was stopped (OR 2.7). All antibiotic classes, except first-generation cephalosporins and macrolides, were associated with CDI. Second- and third-generation cephalosporins (OR 3.3 and 5.3, respectively) and carbapenems (OR 4.7) were the strongest risk factors for CDI. Patients with CDI used more antibiotic classes and more defined daily doses, compared with non-diarrhoeal patients.

Stevens V, Dumyati G, Fine LS et al. Cumulative antibiotic exposures over time and the risk of Clostridium difficile infection. Clin Infect Dis. 2011;53:42-8

<https://academic.oup.com/jac/article/67/3/742/794937>

Evidence Level: 4

After a C. difficile Infection how long does it take for the diversity of normal gut flora to recover?

No evidence identified.

Which drugs other than antibiotics reduce the diversity of gut flora?

A large population-based study from the Netherlands showed that proton pump inhibitors were the drugs most associated to a decreased diversity in the gut microbiome (Imhann, 2016). Similar results showing a lower microbial diversity and lower abundance of gut commensals were observed in a study analysing data from faecal samples from 1827 twins (Jackson, 2016).

A 2020 review found evidence to suggest that metformin reduces the diversity of gut flora (Weersma, 2020). The same review also highlighted studies suggesting laxatives, statins, antidepressants and opioids, can explain some of the variability in gut microbiome composition.

A 2021 review found that a wide range of anti-cancer drugs can modify and reduce the diversity of gut flora (Jaye, 2021).

Imhann F, Bonder MJ, Vila AC et al. Proton pump inhibitors affect the gut microbiome. Gut. 2016;65:740-8

<https://gut.bmj.com/content/65/5/740.long>

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Please contact the BCGP Clinical Effectiveness Librarian at bedsideclinicalguidelines@uhnm.nhs.uk

Jackson MA, Goodrich JK, Maxan ME et al. Proton pump inhibitors alter the composition of the gut microbiota. Gut. 2016;65:749-56
<https://gut.bmj.com/content/65/5/749.long>

Jaye K, Li CG & Bhuyan DJ. The complex interplay of gut microbiota with the five most common cancer types: From carcinogenesis to therapeutics to prognoses. Crit Rev Oncol Hematol. 2021;165:103429

Weersma RK, Zhernakova A & Fu J. Interaction between drugs and the gut microbiome. Gut. 2020;69:1510-9
<https://gut.bmj.com/content/69/8/1510.long>

Evidence Level: 3

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