Background and importance The frequency of Clostridioides difficile infection (CDI) has been increasing worldwide to become one of the most common hospital-acquired infections. The clinical picture is diverse and ranges from asymptomatic status through various degrees of diarrhoea, to the most severe colitis. Evidence about risk factors and predictive tools can help to achieve optimal clinical management.

Aim and objectives Analyse medical treatment and risk factors of patients with CDI in order to optimise therapy and try to predict recurrence

Material and methods A retrospective descriptive study for patients with CDI between January 2012 and September 2021. The variables, collected from electronic medical records and electronic prescribing system were: age, sex, toxin polymerase chain reaction (PCR), treatment, days to end diarrhoea, severity infection measured with analytical parameters such as leukocytes >15000/mm³, creatinine >1.5 mg/mL, albumin <2.5 g/dL, recurrence, patients with bowel comorbidities, deaths. Risk factors were: antibiotics consumption 3 previous months, hospitalisation 6 previous months, immunosuppression, disease 2 (5%), recurrence 8 (20%), patients with bowel comorbidities 24 (60%), deaths 2 (5%). Risk factors: antibiotics consumption 3 previous months 34 (85%), hospitalisation 6 previous months 31 (77%), immunosuppressive treatment 8 (20%). RR according to GEIH-CDI score: low risk 0–1 (10% RR), medium risk 2–3 (20% RR), high risk >4 (40% RR). Score defined as: <70 years (0 points), 70–79 years (1 point), >80 years (2 points), any episode in the 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 ± 18.3 years, toxin PCR-positive 35 (81%), oral vancomycin 24 (60%), metronidazole 2 (5%), vancomycin plus metronidazole 14 (35%), fidaxomicin (second line) 7 (17%), 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%), patients with bowel comorbidities 24 (60%), deaths 2 (5%). Risk factors: antibiotics consumption 3 previous months 34 (83%), hospitalisation 6 previous months 31 (77%), immunosuppressive treatment 8 (20%). RR according to 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 were 2 patients treated only with metronidazole. Most patients had risk factors for infection, the most important being antibiotics consumption and previous hospitalisation, it this matches with the proportion of patients with comorbidities. Recurrence was similar to high risk of recurrence measured with GEIH-CDI score, which demonstrates the utility of this tool to predict recurrence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest