

New guidelines for diagnosing, managing and treating *Clostridium difficile*

22 March 2010

A joint panel of experts from the Society for Healthcare Epidemiology (SHEA) and the Infectious Diseases Society of America (IDSA) today released online new clinical practice guidelines for *Clostridium difficile* infection (CDI) in adults. The guidelines, to be published in the May issue of *Infection Control and Hospital Epidemiology*, update recommendations regarding the epidemiology, diagnosis, treatment and infection control and environmental management of this disease.

CDI is the most commonly recognized cause of infectious diarrhea in healthcare settings and accounts for 20 percent-30 percent of cases of antibiotic-associated diarrhea. The infection manifests itself in a range from symptomless cases to mild or moderate diarrhea to sudden and sometimes fatal colitis. Since publication of guidelines on CDI in 1995, there has been an increase in overall incidence of the infection, a more [virulent strain](#) of the infection has been identified, and evidence regarding the decreased effectiveness of a common treatment of the disease has been reported.

"As healthcare professionals and infectious disease experts, we are committed to developing recommendations based on the best available evidence and practices," said Neil Fishman, MD, president of SHEA. "Since our original guideline was published fifteen years ago, our understanding of the epidemiology of CDI has changed, and requires us to update the way we diagnose and treat this serious infection."

The guidelines provide recommendations on the minimum data that should be collected in cases of CDI and how that data should be reported; the best testing strategy to diagnose CDI; the most important [infection control](#) measures for a hospital to implement during an outbreak of CDI; and recommendations on the most appropriate drug treatment for patients with CDI.

"The entire infectious disease community is striving toward making our hospitals and healthcare institutions safer for both patients, families and the healthcare professionals who work in them every day," said Rich Whitley, MD, president of IDSA.

"The work of this joint panel of the brightest minds in the field demonstrates how closely and seriously we are studying this infection."

While mortality rates associated with CDI have historically been low, occurring in less than 2 percent of cases, the financial burden to the healthcare system has been significant. From 2000 to 2002, annual excess hospital costs in the U.S. for the management of CDI were estimated at \$3.2 billion per year.

More information: For further information on the SHEA-IDSA Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults, visit: www.shea-online.org

Provided by Society for Healthcare Epidemiology of America

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