

Management Of Elderly Patients With Clostridium Difficile Infections: Observational Data Of The French Survey CLOdi

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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report

BACKGROUND

- First cause of nosocomial diarrhea
- Incidence: 2.28/10000 hospitalized patients-day (national french study)

Eckert, 2013

- Recurrence and mortality estimated respectively 10 to 30% and 5 to 40%

Surawicz, 2015 ; Garey, 2008 ; Johnson, 2009

- Assessment of risk factors and therapeutic practices for severe CDI are heterogeneous.

Abou Chakra, 2014 ; Le Guern, 2013 ; Surawicz, 2013 ; Debast, 2014

**Non-severe
 CDI**

**Oral
 antibiotic
 treatment**

**Metronidazol 500 mg
 tid 10 days A-I**
**Vancomycin 125 mg
 qid 10 days B-I**
**Fidaxomicin 200 mg
 bid 10 days B-I**

**Non-
 antibiotic
 treatment
 regimens**

**Stop inducing
 antibiotic(s) + 48hrs
 clinical observation
 C-II**
**Immunotherapy with
 human monoclonal
 antibodies C-I or
 immune whey C-II**
Probiotics D-I
Toxin binding D-I

**Severe
 disease or
 complicated
 course¹**

**Oral
 antibiotic
 treatment**

**Vancomycin 125 mg
 qid 10 days A-I²**
**Fidaxomicin 200 mg
 bid 10 days B-I³**
**Metronidazole 500 mg
 tid 10 days D-I**

Multiple
 recurrences

Non
 anti
 treat
 regim

Faecal transp
 (combined w
 antibiotic tre
 A-I
 Probiotics D-
 Passive
 immunother
 immune whe

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CDI:
 le 500 mg
 ; A-II
 le 500 mg
 ; A-II +
 500 mg
 0 days B-
 0 mg bid
 -III

AIMS

- To **assess prognosis** of elderly patients with CDI
- To **report observational data** collected during hospitalization and therapeutic regimen regarding to the European recommendations



PATIENTS AND METHODS

- French survey CLOdi: prospective observational multicentric study
- Inclusions: hospitalized patients aged ≥ 75 with CDI
- **70 investigators in 31 French hospital centers**
- Inclusion: between march 2016 and may 2017
- Online survey focused on **clinical criteria of severity**, and CDI **therapeutic support**
- Systematic **follow-up at 3 months**

PRELIMINARY RESULTS

Characteristics of the population

- **260 patients**
- Mean age: 87.1 ± 5.5 [75-99]
- Female: 65%
- Coming from home (83%) and nursing home (17%)
- CIRS-G score: 12.54 ± 6.4 [2-34] (**comorbidities**)
- 71% hospitalized **in the past 12 months**
- 60% treated with antibiotic **in the last 3 months**

RESULTS

Characteristics of the infection

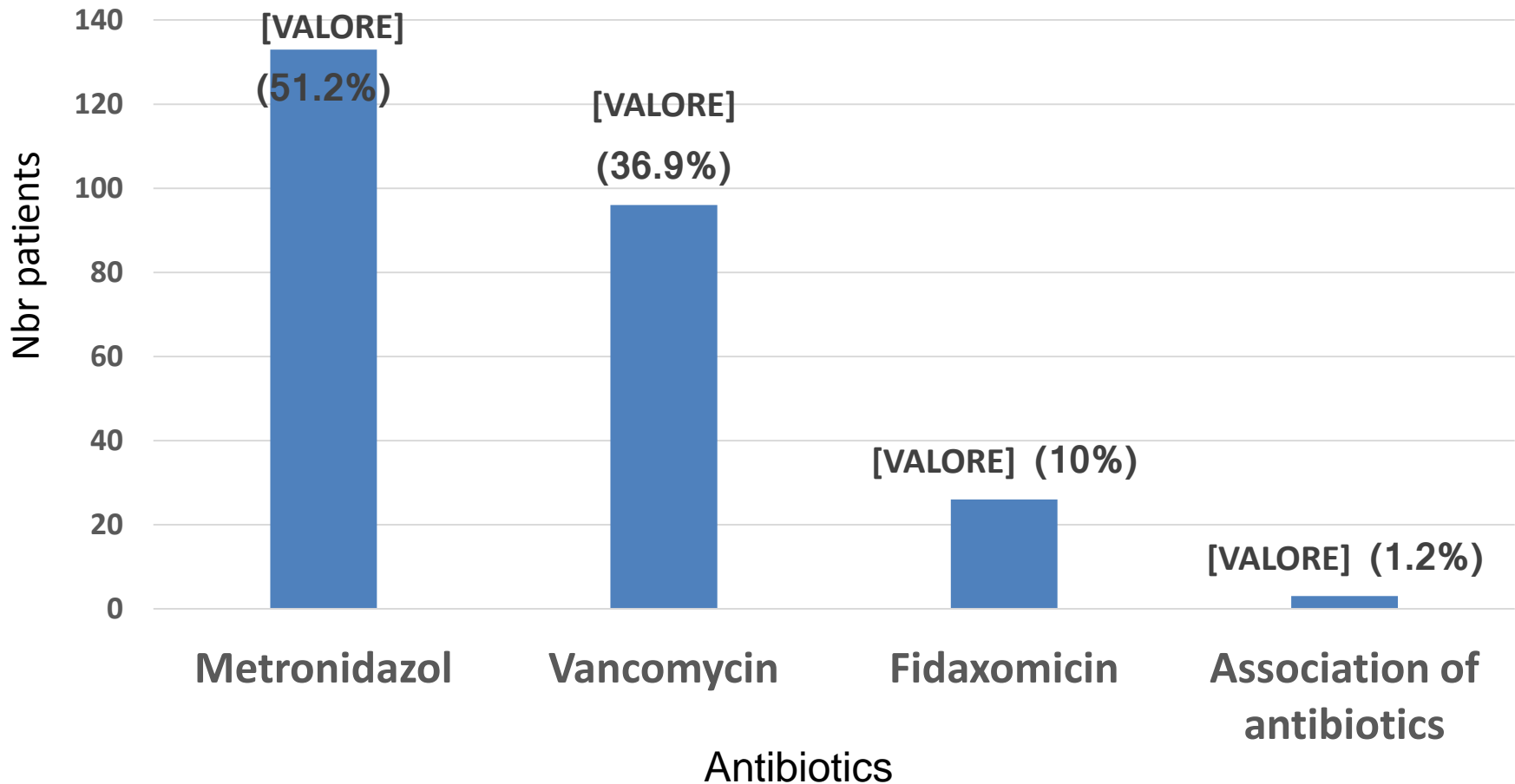
- **Nosocomial: 68.2%**
- **At the time of diagnosis**
 - Diarrhea: 88%
 - Antibiotic: 44% among 60.5% were stopped
- **Control measure**
 - isolation precaution: 94.5%

SEVERITY

197 (75,7%) patients with at least one severity marker (ESCMID)

Severity criteria	N (%)
Fever > 38,5°C	44 (16.9%)
Rigors	8 (3.1%)
Sepsis	12 (4.6%)
Leucocyte count > 15 x 10⁹/L	74 (28.5%)
Créatinine > 50% above the baseline	53 (20.4%)
Albumin < 30 g/L	135 (51.9%)
Kalemia < 3,5 mmol/L	52 (20%)
Distension of large intestine > 6 cm	1 (0.4%)
Pseudomembranous colitis	6 (2.3%)
Septic shock	3 (1.2%)
Ileus	6 (2.3%)

FIRST INTENTION TREATMENT



EVOLUTION

Mean duration of isolation precaution (days)	11.8 ± 9.73 [0-82]
Mean duration of antibiotic therapy (days)	11.6 ± 5.78 [0-67]
Healing	187 (71.9%)
Surgery	1 (0.4%)
Death <ul style="list-style-type: none">• <i>Death during the antibiotic treatment</i>• <i>Death after the infection</i>	45 (17.3%) 21 (8.1%) 24 (9.2%)
In-hospitalization recurrence	31 (11.9%)

CONCLUSION

- Our study shows high rate of severe infection in older patients
- Metronidazol is the first intention therapy in 51% cases
- Rate of early recurrence and mortality are close to literature data
- The results highlight the lack of adequacy between antibiotic used and the European guidelines

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