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Summary

RISK OF CLOSTRIDIOIDES DIFFICILE INFECTION IN PATIENTS RECEIVING PROTON PUMP INHIBITORS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Oesophagus

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A systematic review and meta-analysis of randomized controlled trials found no significant increase in Clostridioides difficile infection risk with proton pump inhibitor use compared to placebo or H2-receptor blockers.

KEY POINTS

- Seven RCTs with 25,118 patients showed no significant difference in CDI risk between PPI users and placebo (RR: 0.94, 95% CI: 0.55-1.59, I^2=0%)
- Four RCTs with 27,254 patients showed no significant difference in CDI risk between PPI users and H2-receptor blocker users (RR: 0.72, 95% CI: 0.49-1.07, I^2=0%)
- The overall number of CDI events in the included studies was low, and insufficient data prevented planned subgroup analyses by patient population, treatment duration, and follow-up time
- The authors note that previous associations between PPI use and adverse effects were derived from observational data susceptible to confounding by indication and protopathic bias, whereas RCT data does not support increased CDI risk

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