

How to deal with antibiotic-associated diarrhoea

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Presentation

Education & Training

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Primary Care

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This educational presentation reviews antibiotic-associated diarrhea and *Clostridioides difficile* infection, emphasizing prevention through antibiotic stewardship and discussing the controversial role of probiotics in reducing risk.

KEY POINTS

- Antibiotic-associated diarrhea is defined as at least three watery stools per day occurring during antibiotic use or up to eight weeks after treatment, with one-third of cases related to *Clostridioides difficile* and most cases having no identifiable pathogen.
- The speaker stated that approximately 50% of patients develop symptoms during the first week of antibiotic treatment, with highest risk associated with lincomycin and third-generation cephalosporins.
- Risk factors include advanced age (prevalence almost doubles in patients over 85 years compared to under 65 years), setting (high rates in nephrology and geriatric wards), procedures, and comorbidities.
- Diagnosis requires correlating antibiotic exposure with diarrhea and risk stratification; patients with severe diarrhea and fever should undergo two-step testing (genetic test followed by ELISA for toxins if positive) for *C. difficile*.
- The speaker emphasized that antibiotic stewardship can achieve up to 50% reduction in *C. difficile* infection in geriatric wards by choosing less aggressive antibiotics or shifting therapy.
- Meta-analysis data presented by the speaker showed probiotics reduced antibiotic-associated diarrhea risk by 37% (risk ratio 0.63, moderate quality evidence), with higher doses and lactobacilli/bifidobacteria strains appearing more effective, though the speaker noted this remains controversial due to study quality limitations.

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