Clostridioides difficile infection (CDI)

ITALY

Challenges and improvement opportunities for diagnosis, treatment and management in Italy[1]

About this study[1]

We reviewed the literature on the diagnosis, treatment and management of CDI across five countries (Australia, Canada, France, Italy and the UK), and consulted with 95 experts across these countries, including 38 from Italy.

[1] Hocking L., et al. 2023. 'Improving care for patients with *Clostridioides difficile* infection: A clinical practice and healthcare systems perspective.' Front. Med. 9:1033417. doi:10.3389/fmed.2022.1033417

TOP PRIORITIES

Charts reflect percentage of 38 clinical experts considering each statement as a top improvement priority

Diagnosis and treatment

- 61% Develop new treatments for recurrences
- 55% Develop new products for preventing recurrences

Access and organisation of service delivery

- 47% Improve timeliness of diagnosis
- 47% Improve multidisciplinary care delivery

Guidelines and regulations

- 63% Standardise diagnosis algorithms within countries
- 47% Update guidelines based on new research

Education and awareness

- 68% Educate patients on appropriate antibiotic use
- 47% Educate patients about managing CDI
- 76% Educating non-expert secondary-care providers about CDI
- 68% Educate primary care providers on CDI symptoms

KEY CHALLENGES ACROSS CLINICAL CARE PATHWAY FOR CDI IN ITALY

1 SYMPTOM PRESENTATION

Hospital-acquired CDI is managed by the treating clinician while patients with community-acquired CDI typically present in primary care.

However, limited awareness of CDI symptoms among primary-care clinicians may delay diagnosis and treatment.

2 DIAGNOSIS

Enzyme-linked Immunosorbent Assay (EIA) is most often used to diagnose CDI.

However, no diagnostic test is recommended in isolation, leading to variability in which tests are used; often multiple tests are needed to arrive at a diagnosis.

3 TREATMENT

Initial treatment with 10-day course of vancomycin or, less commonly, fidaxomicin.

However, antibiotics can potentially lead to worsening of dysbiosis or antimicrobial resistance.

4 MONITORING

Hospital-acquired infections are monitored by usual care teams, but staff constraints can limit capacity for monitoring.

Patients with community-acquired infections are not typically monitored.

5 RECURRENCE PREVENTION

Recurrences are typically prevented with fidaxomicin, taper/pulse regime of antibiotics or monoclonal antibody therapy.

However, it is difficult to distinguish symptoms of initial infection from a reccurent infection.

6 RECURRENCE TREATMENT

Vancomycin for first recurrences. For second recurrences, tapered vancomycin, fidaxomicin, monoclonal antibodies or faecal microbiota transplantation (FMT) are used.

Second-line treatments are more expensive. FMT as an emerging new treatment has regulatory, infrastructure and resourcing issues.

Learn more here: www.randeurope.org/CDI

This infographic (IG-A3265-7) describes work done by RAND Europe documented in: Improving care for patients with Clostridioides difficile infection: A clinical practice and healthcare systems perspective by Lucy Hocking, Mark Wilcox, Nicola Petrosillo, Paul Griffin, Theodore Steiner, Gail Attara, Joel Doré, Mark Cabling, Stephanie Stockwell, Robert J. Romanelli, Sonja Marjanovic, 2023. (available at https://www.frontiersin.org/articles/10.3389/fmed.2022.1033417/full).
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