TITLE: Fecal Bacteriotherapy for Patients with Recurrent Clostridium difficile: Clinical Effectiveness and Guidelines

DATE: 27 July 2010

RESEARCH QUESTIONS:

1. What is the clinical effectiveness of fecal bacteriotherapy for patients with recurrent Clostridium difficile infection?

2. What are the guidelines for the use of fecal bacteriotherapy for patients with recurrent Clostridium difficile infection?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 7, 2010), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI (Health Devices Gold), EuroScan, international health technology agencies, and a focused Internet search. The search was limited to English language articles published between January 1, 2005 and July 21, 2010. No Filters were applied to limit the retrieval by study type. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.
One non-randomized study and one evidence-based guideline were identified regarding the use of fecal bacteriotherapy for patients with recurrent Clostridium difficile (C. difficile) infection. No relevant health technology assessments, systematic reviews, meta-analyses, or randomized controlled trials were identified. Additional articles of potential interest can be found in the appendix.

OVERALL SUMMARY OF FINDINGS:

In one non-randomized study, nineteen patients with recurrent C. difficile infection were successfully treated with fecal bacteriotherapy and remained in remission for six months to five years. The authors of the study determined the procedure was simple to perform and effective as treatment. The identified guideline recommends that fecal bacteriotherapy be used as a treatment option when all other options have been attempted and failed. Though a number of studies reporting positive outcomes exist, the guideline concluded that the safety of the procedure has not been adequately established.
REFERENCES SUMMARIZED:

Health technology assessments
No literature identified

Systematic reviews and meta-analyses
No literature identified

Randomized controlled trials
No literature identified

Non-randomized studies


Guidelines and recommendations


Note: see Faecal transplant, page 54

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APPENDIX – FURTHER INFORMATION:

Non-randomized studies

Case series


Review articles


Additional references
