

CADTH Reference List

Fecal Microbiota Transplant for Recurrent *Clostridioides Difficile* Infection

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Key Message

One primary qualitative study and 1 primary mixed methods study that explored the perspectives, expectations, and experiences of people living with recurrent *Clostridioides difficile* infection being offered and/or receiving a fecal microbiota transplant as a second-line treatment were identified. No primary qualitative or mixed methods studies that explored care providers perspectives, expectations, or experiences were identified.

Research Question

What is the evidence regarding the perspectives, expectations, and experiences of people living with recurrent *Clostridioides difficile* infection (or their care providers) being offered and/or receiving, or offering fecal microbiota transplant as a second-line treatment?

Of particular interest is evidence regarding:

- decision-making around whether to undergo fecal microbiota transplantation (FMT) or not
- descriptions of things people find challenging about engaging with FMT
- how people reflect on the different methods of delivery for FMT (e.g., colonoscopy, nasal gastric tube, and freeze-dried oral capsules).

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, CINAHL and Scopus. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were FMT and *Clostridioides difficile* (C diff). Search filters were applied to limit retrieval to qualitative studies. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2011 and September 2, 2021.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed.

Qualitative Rapid Response reports are organized by types of study designs – primary qualitative studies and primary mixed methods studies.

One primary qualitative study and 1 primary mixed methods study that explored the perspectives, expectations and experiences of people living with recurrent *Clostridioides difficile* infection being offered and/or receiving fecal microbiota transplant as a second-line

Table 1: Selection Criteria

Criteria	Description
Sample	Adults (≥ 18 years) living with rCDI and those involved in their care (e.g., health care providers, family, and friends)
Phenomena of interest	Expectations and experiences of FMT in the treatment of rCDI
Design	Any qualitative design
Evaluation	Understandings of what FMT is and how it is used in the treatment of rCDI Expectations and experiences with regard to decision-making around whether to undergo FMT; various methods of FMT delivery (e.g., colonoscopy, nasal gastric tube); process of stool donation for FMT
Research type	Primary qualitative studies; qualitative components of mixed methods studies (excluding surveys)

rCDI = recurrent *Clostridioides difficile* infection; FMT = fecal microbiota transplant.

treatment were identified. No primary qualitative or mixed methods studies that explored care providers perspectives, expectations, or experiences were identified.

Additional references of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

References

Primary Qualitative Studies

1. Pakyz AL, Moczygemba LR, VanderWielen LM, Edmond MB. Fecal microbiota transplantation for recurrent *Clostridium difficile* infection: The patient experience. *Am J Infect Control*. 2016 05 01;44(5):554-559. [PubMed](#)

Primary Mixed Methods Studies

2. Zellmer C, De Wolfe TJ, Van Hoof S, Blakney R, Safdar N. Patient Perspectives on Fecal Microbiota Transplantation for *Clostridium Difficile* Infection. *Infect*. 2016 Jun;5(2):155-164. [PubMed](#)

Appendix 1: References of Potential Interest

Surveys or Questionnaires of Experiences with FMT for rCDI

3. Gill M, Blacketer C, Chitti F, et al. Physician and patient perceptions of fecal microbiota transplant for recurrent or refractory *Clostridioides difficile* in the first 6 years of a central stool bank. *JGH open*. 2020 Oct;4(5):950-957. [PubMed](#)
4. Goodman C, O'Rourke N, Amundson C, Drekonja D. Patient Knowledge and Attitudes About Fecal Microbiota Therapy for *Clostridium difficile* Infection. *Fed*. 2017 Jan;34(1):15-19. [PubMed](#)
5. Dennis M, Salpeter MJ, Hota S. Low awareness but positive attitudes toward fecal transplantation in Ontario physicians. *Can*. 2015 Jan-Feb;26(1):30-32. [PubMed](#)
6. Zipursky JS, Sidorsky TI, Freedman CA, Sidorsky MN, Kirkland KB. Physician attitudes toward the use of fecal microbiota transplantation for the treatment of recurrent *Clostridium difficile* infection. *Can J Gastroenterol Hepatol*. 2014 Jun;28(6):319-324. [PubMed](#)
7. Zipursky JS, Sidorsky TI, Freedman CA, Sidorsky MN, Kirkland KB. Patient attitudes toward the use of fecal microbiota transplantation in the treatment of recurrent *Clostridium difficile* infection. *Clin Infect Dis*. 2012 Dec;55(12):1652-1658. [PubMed](#)

Systematic Reviews of Patient Experiences with FMT

8. Guilfoyle J, Considine J, Bouchoucha SL. Faecal microbiota transplantation and the patient experience: A systematic review. *J Clin Nurs*. 2021 May;30(9-10):1236-1252. [PubMed](#)

Primary Evidence on Perspectives/Experiences with rCDI

9. Vent-Schmidt J, Attara GP, Lisko D, Steiner TS. Patient experiences with *clostridioides difficile* infection: Results of a Canada-wide survey. *Patient Preference and Adherence*. 2020;14:33-43. [PubMed](#)
10. Downie K, Salpeter MJ, Smita Hota S. Exploring the patient experience with recurrent *Clostridium difficile* infection in Ontario, Canada. *Can J Infect Control*. 2017 Summer2017;32(2):81-86. Language: English. Entry Date: 20170901. Revision Date: 20210308. Publication Type: Article.

Primary Evidence on Perspectives/Experiences with FMT

11. Ma Y, Yang J, Cui B, Xu H, Xiao C, Zhang F. How Chinese clinicians face ethical and social challenges in fecal microbiota transplantation: a questionnaire study. *BMC Med Ethics*. 2017 May 31;18(1):39. [PubMed](#)
12. Zeitz J, Bissig M, Barthel C, et al. Patients' views on fecal microbiota transplantation: an acceptable therapeutic option in inflammatory bowel disease? *Eur J Gastroenterol Hepatol*. 2017 Mar;29(3):322-330. [PubMed](#)
13. Paramsothy S, Walsh AJ, Borody T, et al. Gastroenterologist perceptions of faecal microbiota transplantation. *World J Gastroenterol*. 2015 Oct 14;21(38):10907-10914. [PubMed](#)