

See you at STFM in Orlando, Workshop Scholarships, *Evidence-Based Practice* April 2015, and this month's PURLs journal club toolkit



FPIN Community Bulletin

April 2015

Good Evening <<First Name>>,

The FPIN office is busy at work getting ready for STFM later this week in Orlando, Florida! We look forward to seeing many of you at the conference. **Workshop Scholarships are still available for the 2015-2016 academic year, so make sure to fill out an application soon!** June 1st is the deadline for the full-ride scholarship!

1. Schedule a [consultation meeting](#) with us at STFM.
2. Fill out a [2015 FPIN Workshop Application](#). We will be awarding 20 workshop scholarships to qualifying residency programs this year.
3. Email membership@fpin.org and schedule a time to chat with us.

In addition to meeting with us, don't miss our scholarly activity roundtable discussion on Sunday, April 26th at 7:15 AM: ***Elevating your scholarship: Developing faculty to lead publication projects that really teach***, presented by Dr. Tim Mott and Dr.

Julia Fashner. [Learn more here!](#)

Miss the boat? The FPIN Institute has moved to www.fpin.org/institute. Be sure to log in with your universal password: **scholarship1415** and check it out!

CME

Evidence-Based Practice

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CME TEST

15 April 2015

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Family Physicians Inquiries Network

IN DEPTH

What treatments are effective for *C difficile* colitis in adults?

Evidence-based answer
Oral metronidazole 500 mg TID or vancomycin 125 mg QID produce cure rates of 71% to 79% in mild to moderate *Clostridium difficile* infection (CDI); however, oral metronidazole is much less expensive than vancomycin. Evidence is insufficient to determine if probiotics are effective for the treatment of CDI with or without antibiotics (SOR: A, systematic reviews of RCTs). Vancomycin 125 mg QID is preferred for initial or recurrent severe CDI (SOR: C, clinical practice guidelines). Fecal microbiota transplantation can be considered in refractory or recurrent (>3 CDI) cases (SOR: B, systematic review of case series studies). Discontinuing the inciting antibiotic upon diagnosis is also recommended (SOR: C, clinical practice guidelines).

Evidence summary
A 2011 Cochrane review evaluated 15 RCTs (1,152 patients with *C difficile*) examining antibiotic therapy for CDI. Most of the studies compared vancomycin against other antibiotics, and most also excluded patients with severe CDI.
In head-to-head trials of antibiotics, the reviewers found no significant differences in symptom cure rates (defined as resolution of diarrhea) (TABLE). In the only placebo-controlled trial, vancomycin was better at curing symptoms in patient with *C difficile*-associated diarrhea: diarrhea resolved in 41% of patients taking vancomycin compared with 4% of patients taking placebo (1 trial, N=44; RR 9.0; 95% CI, 1.2-65). However, limitations included a 52% dropout rate, inclusion of patients with non-CDI, and unclear blinding of the researchers.
One trial in the review reported the cost of vancomycin therapy was 58 times more than that of metronidazole therapy (\$2,030 vs \$35, respectively).
A 2008 Cochrane review evaluated probiotic efficacy in 4 RCTs (336 adult patients with primary or recurrent CDI, previous antibiotics exposure, and diarrhea) using probiotics alone or in conjunction with

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FPIN presents Evidence-Based Practice

This issue highlights these topics and more!

- Obesity and exercise during pregnancy
- Alzheimer's disease prevention
- Acetaminophen and link to asthma

[View the April Issue](#)

PURLS Journal Club



May 2015: Naltrexone to prevent relapse in the outpatient setting

Includes:

- Instructions
- Detailed presenter/speaker notes
- This month featuring the teaching points: **Heterogeneity and Subgroup analyses by risk of bias**
- Journal club worksheet
- Copy of the published PURL
- Potential PURL review form

Log into the [FPIN Institute](#) to access the journal club toolkits.

“FPIN supports a collaborative learning community for primary care clinicians, learners, and faculty to promote and disseminate evidence-based scholarship. We improve patient care by translating research into practice.”



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