C. difficile should be done only for patients who have a new onset of unexplained “true diarrhea,” which means three or more loose stools in 24 hours — uniform stools that take the shape of a collection container, Ghinwa Dumyati, MD, said at the AMDA — The Society for Post-Acute and Long-Term Care Medicine’s annual conference.

The need to more carefully screen is one of the “biggest issues” with C. difficile testing today, said Dr. Dumyati, who directs the Rochester (N.Y.) Nursing Home Collaborative, part of a larger citywide initiative to prevent C. difficile (http://www.rochesterpatientsafety.com). “We’re testing everyone and they’re positive, just as with urinary tract infections, and we might be giving them antibiotics they don’t need... You could even end up putting people in isolation who don’t need to be.”

She issued one more plea: To not perform repeat testing. “There is no test of cure,” said Dr. Dumyati, who is also a professor of medicine at the University of Rochester Medical Center. “Because once you have C. difficile, you can be colonized for [at least] several weeks afterwards.”

There is no consensus on the best laboratory testing method. Using a nucleic acid amplification test (NAAT) alone is one option, she said, but it’s recommended only if there are institutional criteria on careful screening (for instance, the laboratory will reject formed stool). The other option, as recommended in the most recent national guidelines, is multistep testing that builds upon a toxin enzyme immunoassay (EIA) test. Either NAAT with confirmation of a toxin via a toxin EIA test, or a glutamate dehydrogenase (GDH) EIA test plus toxin EIA test that is arbitrated by NAAT if the toxin EIA test is negative.

Toxin EIA tests, which detect free toxins, have low sensitivity and moderate specificity. GDH EIA tests, which detect the common C. difficile antigen, have high sensitivity but low specificity. “That’s why there’s been a push overall to do PCR [polymerase chain reaction],” Dr. Dumyati explained. In the Rochester community, she said, “some do just the PCR, and others [take a multistep approach].”

The most recent guidelines for C. difficile infection from the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) were published last year (Clin Infect Dis 2018;66:e1–e48).

Vancomycin or fidaxomicin are the drugs of choice for an initial episode of C. difficile infection, and metronidazole is recommended only for mild disease or when access to the other drugs is limited. The newer antibiotic fidaxomicin has less of an effect on the microbiome and has been associated with a nearly 10% reduction in recurrence. “The issue,” Dr. Dumyati said, “is the cost... $3,600 for 10 days.”

Fecal microbiota transplantation is recommended for patients with multiple recurrences who have failed antibiotic regimens. And, although it’s not included in the IDSA/SHEA guidelines, bezlotoxumab, a human monoclonal antibody that binds to C. difficile toxin B and neutralizes its effect, is another choice for recurrent disease. Dr. Dumyati said. Research has shown that bezlotoxumab does not influence cure rates significantly in patients with C. difficile.
Caring for Consumers

Scammers Are Everywhere: How Can You Stay Safe?

Karl Steinberg, MD, CMD, HMDC, talks about how to protect your loved ones and you from fraud, abuse, and identity theft.

A recent article in the New York Times detailed the sad and disturbing story of painter Peter Max, an art world icon, celebrity, and commercial success in the 1960s and 1970s. The article shared reports and accusations that the painter has been abused and swindled by family members and others as his dementia has advanced. This is an all-too-familiar story.

When family members, friends, business associates, and others take advantage of an older person, this can be detrimental not only to the individual's reputation and financial status, but also to his or her health and well-being. Sadly, such issues aren't uncommon. Each year, up to 44 million Americans lose nearly $36 billion to financial fraud and abuse.

Of course, few people have the wealth and fame of Peter Max, but it is important to protect the personal and professional assets your loved one or you have later in life. There is much you can do along these lines. First and foremost, never give private information over the phone unless you placed the call (such as to a credit card company) and know who you are talking to. This includes Social Security number, financial information such as bank account or PIN numbers, date of birth, Medicare number, credit card numbers, or online passwords.

Be wary of cold calls, even if the callers say they represent your credit card company or bank, a health care organization, or even the Internal Revenue Service. Ask for contact information and report the call to a family member, legal counsel, or other resource who can help you determine if the call is phony. Don't take calls from toll-free, private, or unfamiliar numbers. Not even caller ID is foolproof; some hackers can make it appear to be from toll-free, private, or unfamiliar numbers. Not even caller ID is foolproof; some hackers can make it appear to be from a familiar number (such as a credit card company) and know who you are talking to. This includes Social Security number, financial information such as bank account or PIN numbers, date of birth, Medicare number, credit card numbers, or online passwords.

Questions to Ask Your Practitioner

• How do I know if someone is committing financial or personal fraud against my loved one or me?
• How can I protect my loved one or myself financially if one of us goes into an assisted living or nursing facility?
• What do I do if a stranger or other person seems to be trying to influence my loved one?

What You Can Do

• Keep financial/personal information and items secure.
• Limit how and when you share personal information.
• Talk to a trusted professional or advisor if you suspect fraud or if a family member, friend, or other person is asking you for money or pressuring you for loans, gifts, or donations.
• Google your loved one’s or your name from time to time, and let someone know immediately if the search turns up something suspicious.

For More Information

• San Mateo (CA) County Health, “Senior Scams: How to Protect Yourself From Fraud and Resources for Victims,” https://www.smhealth.org/node/788

When individuals wish to move into continuing care retirement or assisted living communities with their own pets, careful consideration should be given to the safety of both residents and pets. Working with individuals and their families may be necessary to arrive at the best plan for the pet in terms of safety. If keeping the pet isn’t feasible, the pet may need to be rehomed — possibly nearby so that the resident can visit or be visited by the animal — or a more suitable replacement pet may be considered.

Replacement pets must be considered carefully. I recall one resident in assisted living who could no longer safely manage the care of her dog, so she decided she wanted to try being a cat owner for the first time. She adopted a kitten but found that she had no idea of what kitten care entailed — within 24 hours, she found that she couldn’t manage this little creature! For older adults with memory problems who desire pets, a number of stuffed animal options or robotic animals that move, purr, and meow when petted are also options. They have been useful for individuals with memory impairment and are certainly easier to care for!

Human–animal interaction is a wonderful way to bring joy to many animal lovers, and maybe even to those who never knew they enjoyed animals. MARS Petcare and the Gerontological Society of America have published an online resource (“The Role of Pets in Human Health and Active Aging,” http://bit.ly/2IfCyqY) that provides a comprehensive review of the literature on the benefits and challenges of pet ownership and human–animal interactions. I encourage you to review the findings and bring the joy of animals into the lives of your residents safely and effectively.

Dr. Resnick is the Sonya Ziporkin Gershovitz Chair in Gerontology at the University of Maryland School of Nursing in Baltimore. She is also a member of the Caring for the Ages Editorial Advisory Board.

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infection on standard-of-care therapy, but it does reduce the incidence of recurrence (Biologics 2018;12:11–21).

“The issue with bezlotoxumab right now is, we don’t really know where to use it,” she said. “There’s evidence that it could be used in a population of elderly with multiple recurrences, or the immunocompromised ... We’ve struggled in our hospital to put guidelines together about who should get it and not get it.”

Among the risk factors for recurrence are an infection caused by a BI/NAP1/027 strain, and continued administration of other antimicrobials during or after initial treatment of the C. difficile infection, Dr. Dumyati said.