Avoid Antimotility Drugs in Clostridium Difficile Infection

Do Not Use Antimotility drugs and other drugs with anti-peristaltic effects to treat diarrhoeal symptoms in patients with suspected or acute Clostridium Difficile Infection (CDI). Case reports have described adverse events, such as toxic megacolon, exacerbation of colitis, and systemic infection, associated with the use of antimotility drugs for CDI.

Antimotility drugs relieve the symptoms of acute diarrhoea and are used in the management of uncomplicated acute diarrhoea in adults but not in young children.

Examples of Antimotility Drugs:

- Loperamide: brands include Diah-Limit®, Diaquitte®, Diocalm®, Entrocalm®, Imodium®, Norimode® Normaloe®
- Co-Phenotrope 2.5/0.025 tablets (Diphenoxylate 2.5mg + Atropine 0.025mg): brands include Lomotil®

Loperamide and Diphenoxylate (active ingredient in Co-Phenotrope) are synthetic opioid derivatives. They have selective effects on gastrointestinal smooth muscle, reducing propulsive peristalsis thereby prolonging the duration of intestinal transit.

It has been suggested that decreased intestinal peristalsis caused by antimotility drugs may allow for increased contact time between organisms such as C. difficile, toxins produced, and the mucosal epithelium. Public Health England supports this belief and recommends that antimotility drugs should be avoided in acute CDI.

Please see the BNF (section 1.4.2) for Indications, Cautions and Contra-Indications of Antimotility drugs.


For Local Antibiotic Guidelines: Management of Infection Guidance for Primary care in GP and CSR CCG

References:
1. PHE. Updated guidance on the management and treatment of Clostridium difficile infection. May 2013
2. NICE CKS: Diarrhoea – Antibiotic Associated. June 2013
5. SPC: Co-Phenotrope 2.5/0.025 tablets. www.medicines.org.uk. Accessed 26th June 2017

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