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### Research

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#### Beating Hospital Yeast Infection

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Increasing numbers of critically ill patients develop fungal or yeast infections, which are associated with high mortality. Now a review published in the online open access journal, Critical Care, compares treatments involving single-drug antifungal prophylaxis (SAP) or a multi-drug regimen of selective digestive tract decontamination (SDD) and suggests that both methods reduce yeast-related morbidity and mortality, but to different extents.

A team from Academic Medical Center Amsterdam, the Netherlands set out to compare the effectiveness of preventative antifungal therapies by trawling the medical databases. This yielded data from more than 5,500 patients enrolled in over thirty studies. The team compared data on SAP and SDD treatments in critically ill patients, detailing the incidence of yeast colonisation, infection, candidemia, and hospital mortality.

Both SDD and SAP reduced yeast-associated disease among the critically ill. The author's findings suggest that SDD is more effective than SAP for reducing yeast colonisation and infection, with the exception of candidemia. The latter responded best to SAP. Although both strategies decreased mortality attributable to yeast, SDD led to a significant reduction in all-cause in-hospital mortality.

"Systemic drugs may be advised as prophylaxis in patients with a high risk of developing Candida bloodstream infections, whereas SDD may be given to critically ill patients to prevent Candida colonisation and infection," the authors suggest.

Effective management of yeast infections is tricky, because diagnostic blood tests are only around 70 percent accurate, and it is hard to differentiate between normal yeast colonies and infection. Previous studies have investigated both SAP and SDD, but to date there has been no direct comparison between the two treatments. In 1995, yeast was reported to be the fourth most common intensive care unit-acquired infection in Europe. It could now be even more common, in lack of more recent data. Candida is also the fourth leading cause of all nosocomial blood stream infections in the USA, accounting for up to 11% of all infections.

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