

Diverticular disease: antimicrobial prescribing

NICE National Institute for Health and Care Excellence



Background

- Diverticulosis is a digestive condition in which small pouches (diverticula) protrude from the walls of the large intestine, without symptoms
- About 10–15% of people with diverticulosis develop symptoms
- Diverticular disease is the presence of diverticula with mild abdominal pain or tenderness
- Acute diverticulitis is inflammation or infection of diverticula. Symptoms include constant abdominal pain, usually severe and on the lower left side, fever and bowel symptoms
- Complications of acute diverticulitis include perforation, abscess, sepsis, haemorrhage, fistula and obstruction



Diet and lifestyle

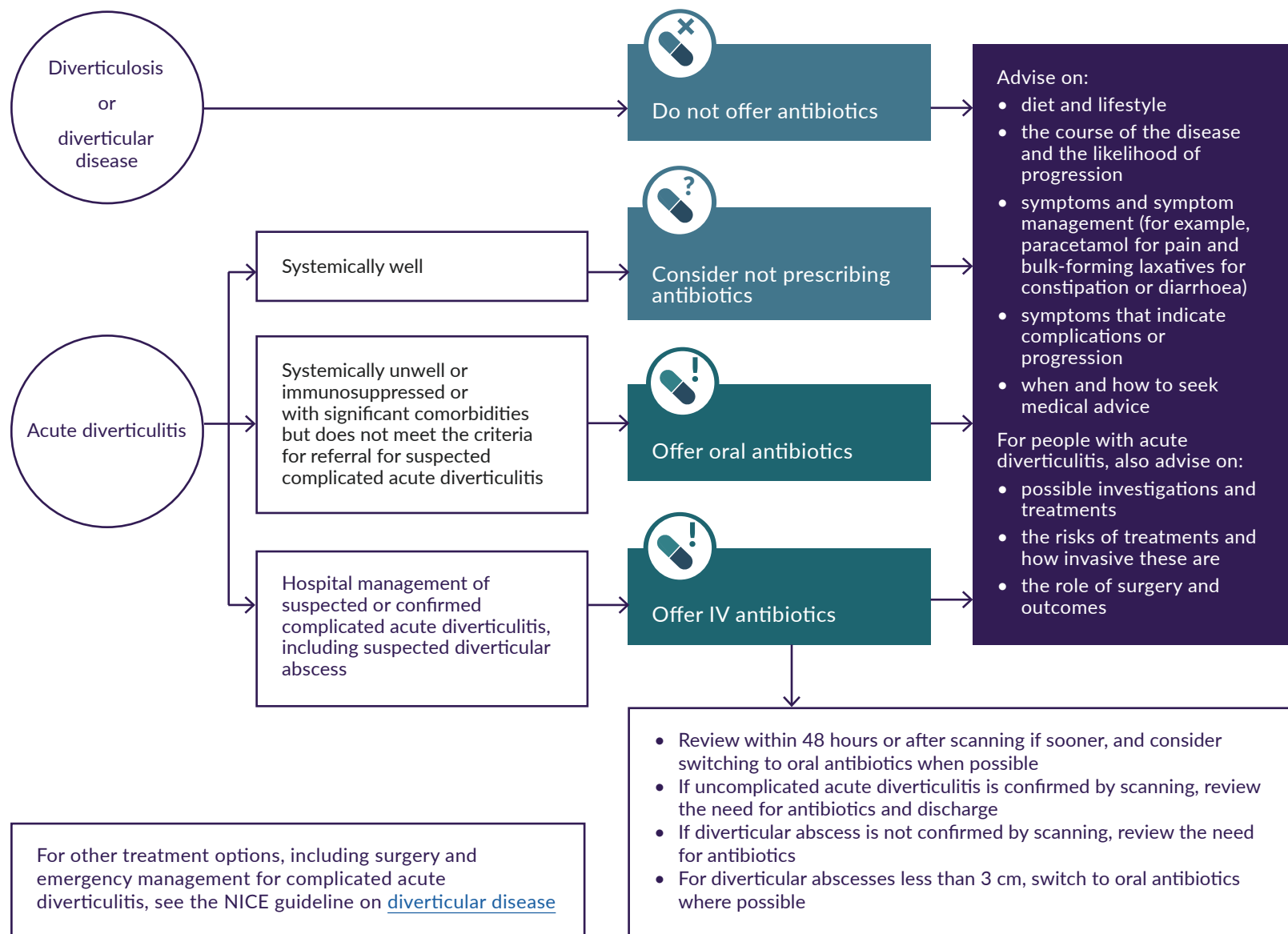
Give advice on:

- eating a healthy, balanced diet including whole grains, fruit and vegetables
- increasing fibre intake for people with constipation and a low-fibre diet
- drinking adequate fluids
- the benefits of exercise, weight loss and stopping smoking



Microbiological testing

If a diverticular abscess greater than 3 cm is drained, send pus samples to the microbiology laboratory and tailor antibiotic therapy to the results.



This is a summary of the recommendations on antibiotic prescribing from NICE's guideline on diverticular disease. See the original guidance at www.nice.org.uk/guidance/NG147

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Choice of antibiotic for adults aged 18 years and over with suspected or confirmed acute diverticulitis

Antibiotic ¹	Dosage and course length ²
First-choice oral antibiotic for suspected or confirmed uncomplicated acute diverticulitis	
Co-amoxiclav	500/125 mg three times a day for 5 days
Alternative first-choice oral antibiotics if penicillin allergy or co-amoxiclav unsuitable	
Cefalexin (caution in penicillin allergy) <i>with</i> metronidazole	Cefalexin: 500 mg twice or three times a day (up to 1 to 1.5 g three or four times a day for severe infection) for 5 days Metronidazole: 400 mg three times a day for 5 days
Trimethoprim <i>with</i> metronidazole	Trimethoprim: 200 mg twice a day for 5 days Metronidazole: 400 mg three times a day for 5 days
Ciprofloxacin (only if switching from IV ciprofloxacin with specialist advice; consider safety issues ³) <i>with</i> metronidazole	Ciprofloxacin: 500 mg twice a day for 5 days Metronidazole: 400 mg three times a day for 5 days
First-choice intravenous antibiotics ⁴ for suspected or confirmed complicated acute diverticulitis	
Co-amoxiclav	1.2 g three times a day
Cefuroxime <i>with</i> metronidazole	Cefuroxime: 750 mg three or four times a day (increased to 1.5 g three or four times a day if severe infection) Metronidazole: 500 mg three times a day
Amoxicillin <i>with</i> gentamicin <i>and</i> metronidazole	Amoxicillin: 500 mg three times a day (increased to 1 g four times a day if severe infection) Gentamicin: Initially 5 to 7 mg/kg once a day, subsequent doses adjusted according to serum gentamicin concentration ⁵ Metronidazole: 500 mg three times a day
Ciprofloxacin ⁶ (consider safety issues ³) <i>with</i> metronidazole	Ciprofloxacin: 400 mg twice or three times a day Metronidazole: 500 mg three times a day
Alternative intravenous antibiotics	
Consult local microbiologist	
¹ See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breastfeeding and administering intravenous (or, where appropriate, intramuscular) antibiotics. ² A longer course may be needed based on clinical assessment. Continue antibiotics for up to 14 days in people with CT-confirmed diverticular abscess. ³ See MHRA advice for restrictions and precautions for using fluoroquinolones due to very rare reports of disabling and potentially long-lasting or irreversible side effects affecting musculoskeletal and nervous systems. Warnings include: stopping treatment at first signs of a serious adverse reaction (such as tendonitis), prescribing with special caution for people over 60 years and avoiding coadministration with a corticosteroid (March 2019). ⁴ Review intravenous antibiotics within 48 hours or after scanning if sooner and consider stepping down to oral antibiotics where possible. ⁵ Therapeutic drug monitoring and assessment of renal function is required (BNF , August 2019). ⁶ Only in people with allergy to penicillins and cephalosporins.	

When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.