Co-Management and Referral Guidelines

Management of Chronic Diarrhea

Gastroenterology

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Based on American Gastroenterological Association Technical Review on Chronic Diarrhea. *Gastroenterology* 1999;116:1461–1463

Introduction

Chronic diarrhea is defined as production of loose stools with or without increased stool frequency for more than four weeks.

Chronic diarrhea is a common problem and may be caused by one of many conditions. Accordingly, evaluation of patients can be complex.

Common causes are irritable bowel syndrome (IBS), inflammatory bowel disease (IBD), malabsorption syndromes (lactose intolerance and celiac disease) and chronic infections (particularly in immunocompromised patients).

Evaluation and Management

Initial evaluation

A careful **history** should be performed.

- Characteristics of onset: congenital, abrupt, or gradual in onset
- Pattern of diarrhea: Are loose stools continuous or intermittent?
- Duration of symptoms should be identified clearly
- Epidemiological factors: travel before onset of illness, exposure to contaminated food or water, illness in other family members
- Stool characterisitics: watery, bloody or fatty
- Presence or absence of fecal incontinence
- Presence or absence of abdominal pain (pain often present with inflammatory bowel disease, irritable bowel syndrome, and mesenteric ischemia)
- Presence of weight loss (substantial weight loss is more likely caused by nutrient malabsorption, neoplasm or ischemia)
- Aggravating factors, such as diet and stress
- Mitigating factors, such as alteration of diet and use of prescription or OTC medications
- Previous evaluations should be reviewed
- Iatrogenic causes of diarrhea should be investigated by obtaining detailed medication history and history of radiation therapy or surgery
- Factitious diarrhea caused by surreptitious laxative ingestion should be considered in every patient with chronic diarrhea. Markers of factitious diarrhea, such as a history of eating disorders, secondary gain or a history of malingering, should be sought.
- Careful review of systems should be conducted to look for systemic diseases such as hyperthyroidism, diabetes mellitus, collagen-vascular disease and other inflammatory conditions, tumor syndromes, acquired immunodeficiency syndrome and other immune problems.

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- Family history: Inflammatory bowel disease, celiac disease, colorectal cancers

Physical exam can yield clues about severity of diarrhea and may suggest a cause of diarrhea, but only in a few cases.

- Evaluate for extent of fluid or nutritional depletion.
- Other features of significance: flushing or rashes of the skin, mouth ulcers, thyroid masses, wheezing, arthritis, heart murmurs, hepatomegaly or abdominal masses, ascites, and edema.
- Special attention should be paid to the anorectal examination as regards anal sphincter tone and contractility and presence of perianal fistula or abscess.

Lab testing as directed by history and exam.

- Complete blood count: anemia, leukocytosis (suggests inflammation), eosinophilia (seen with neoplasms, allergy, collagen-vascular diseases, parasitic infestation, and eosinophilic gastroenteritis or colitis).
- Serum chemistry: information about fluid and electrolyte status, nutritional status, liver problems.
- TSH
- Stool studies: *C. difficile* PCR, celiac testing, fecal occult blood testing, fecal calprotectin

Treatment

Therapeutic trials may be warranted prior to referral- with specific endpoints in mind so that further evaluation is not delayed unnecessarily.

- Discontinue a specific drug if it seems to be responsible and see if diarrhea resolves
- Dietary changes: diary-free diet, low-FODMAP diet
- Empiric trials of metronidazole or Ciprofloxacin, if there is high suspicion for protozoal or enteric bacterial diarrhea
- For *C. difficile* colitis: metronidazole 500mg Q8h × 10–14 days
- Trial of anti-diarrheal agents (Imodium, Lomotil) after infection has been ruled out

When to refer

If the diarrhea is intractable to initial interventions or if the patient has one or more of the following, refer to gastroenterology for further evaluation:

- Blood in stool or positive fecal occult blood testing
- Positive celiac disease testing
- Refractory *C. difficile* colitis
- Failure to thrive

Referral process

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Find this and other co-management/referral guidelines online at
www.legacyhealth.org/womenshealth under Resources for Health Care Providers

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