Diarrhoea in Adults

Disclaimer

See also:

Coeliac Disease in Adults
Inflammatory Bowel Disease (IBD)

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Background

About diarrhoea in adults

Diarrhoea is loose, watery stools occurring > 3 times in 1 day. It usually resolves within 3 to 4 days. If acute, it is usually attributed to gastroenteritis and commonly clears without any intervention. In this case it may be accompanied by vomiting and colicky abdominal pain.

Pathological diarrhoea is diarrhoea that continues for more than 7 days with 6 stools a day or is associated with blood, weight loss, severe pain, or nocturnal diarrhoea.

Chronic diarrhoea is defined as lasting longer than 4 weeks.

Assessment

1. Take a history:

History of diarrhoea

Ask about:

- Onset, duration, severity, and frequency (it may be normal to open bowels up to three times a day)
- Presence of nocturnal diarrhoea
- Abdominal pains and nature
- Fever and presence of mucus
- Blood (amount and location), lumps, pain, cramps, tenesmus, urgency, and incontinence (consider overflow)
- Unexplained weight loss over last 6 months
- Perceived relationship to foods
- Other family members have or have had diarrhoea

Other contributing features

- Gastrointestinal Surgical history
- Travel history – overseas or camping
- History of hyperthyroidism, immunosuppression
- Use of laxatives or loperamide
- Diet – alcohol, caffeine, artificial sweeteners
- Use of rain or tank water (Giardia risk)
- Medications e.g., magnesium, antacids, metformin, proton-pump inhibitors (PPI), antibiotics, nicotine gum, amphetamines, cholesterol-lowering medications or anti-hypertensives, illicit drugs
- Occupation – childcare, farming

2. Consider:

Medical causes

- Irritable bowel syndrome (IBS)
- Diverticulitis
- Ischaemic colitis
➢ Inflammatory bowel disease (IBD)
➢ Coeliac disease
➢ Small bowel bacterial overgrowth
➢ Lactose intolerance
➢ Liver or pancreatic disease
➢ Malabsorption syndromes
➢ Post-abdominal surgery
➢ Constipation with overflow
➢ Antibiotic associated colitis

Short- and long-term complications

- Dehydration
- Renal impairment and acute kidney injury
- Ischaemic events
- Electrolyte disturbances

Long-term complications

Determined by primary diagnosis:

- Iron deficiency
- Fatigue
- Increase in thromboembolic phenomena (DVT and PE risk)
- Malnutrition – hair and nail loss, poor skin
- Osteoporosis

- Impact of diarrhoea on absorption or effectiveness of medications e.g., oral contraceptive pill, immunosuppressants.

3. Perform examination:

- Obtain vital signs.
- Assess hydration, and look for pallor, jaundice.
- Examine abdomen for distension, focal tenderness, masses.
- If suspect IBD, perform perianal exam for tags, fissures, fistulas, abscess.
- Perform rectal exam if appropriate.

4. Arrange initial investigations

Investigations

- Bloods tests – FBE, iron studies, E/LFT, TSH
- Stool tests – microscopy, culture, and sensitivities (MCS), ova, cysts, and parasites (OCP), polymerase chain reaction (PCR), Clostridium difficile (if the patient has been on antibiotics)

5. Consider further investigations

Further investigations

- Blood tests – ESR, CRP, calcium, Mg, phosphate, B12, folate, LFTs (if jaundice), coeliac serology
Coeliac disease serology
  o Transglutaminase-IgA (tTG-IgA), and
  o Deamidated gliadin peptide-IgG (DGP-IgG)

These antibody tests are now the current accepted tests for coeliac disease and in practice both tests have > 85% sensitivity and > 90% specificity. See Australian Journal of General Practice – Interpreting Tests for Coeliac Disease: Tips, Pitfalls and Updates.

➢ Faecal calprotectin if inflammatory bowel disease suspected
➢ Plain abdominal X-ray – can show colonic distension or colitis
➢ Abdominal ultrasound if palpable mass or enlarged liver or spleen

Management

1. Arrange immediate gastroenterology referral or admission if:
   • severe diarrhoea with dehydration.
   • systemically unwell.

2. Arrange urgent or routine gastroenterology referral if diarrhoea > 4 weeks duration, affecting activities of daily living, with one or more of the following:
   • Bloody diarrhoea
   • Nocturnal diarrhoea
   • Weight loss (≥ 5% of body weight in previous 6 months)
   • Abdominal or rectal mass – or organise urgent or routine general surgery referral.
   • Inflammatory markers in the blood or stool
   • Iron deficiency that persists despite correction of potential causative factors

3. If aged care, consider patient wishes and advance care plan or directive prior to referral.

4. If acute diarrhoea, manage using simple measures and consider careful use of loperamide.

Loperamide

➢ Loperamide doses as low as 1/4 of a tablet are effective in some patients. Others may require up to 8 tablets per day.
➢ Start with low dose and titrate upwards.
➢ Most often supplied in 2 mg capsules that are not easily quartered. If patient requires a lower dose, suggest they acquire the generic tablets that may be halved.
➢ Encourage patients to learn how to adjust their doses of anti-diarrhoeal agent according to stool frequency and consistency (aim for 1 soft well-formed stool daily).

Simple measures

➢ Maximise clear fluid intake. Oral electrolyte replacement is preferred e.g., hydralyte, gastrolyte.
➢ Avoid caffeine and alcohol.
➢ Avoid solids if vomiting.
➢ Treat nausea and vomiting e.g., Maxalon (not recommended for children due to dystonic reactions)
➢ Isolate the patient if appropriate.
➢ Consider public health – provide advice about return to work, hygiene, and food handling precautions.
5. If chronic diarrhoea without concerning clinical features and normal investigations:
   - monitor weight and symptoms.
   - consider irritable bowel syndrome (IBS).
   - if symptoms develop as above, arrange urgent or routine gastroenterology referral.

Referral

- Arrange immediate gastroenterology referral or admission if:
  - severe diarrhoea with dehydration.
  - systemically unwell.
- Arrange urgent or routine gastroenterology referral if diarrhoea > 4 weeks duration, affecting activities of daily living, with one or more of the following:
  - Bloody diarrhoea
  - Nocturnal diarrhoea
  - Weight loss (≥ 5% of body weight in previous 6 months)
  - Abdominal or rectal mass – or organise urgent or routine general surgery referral.
  - Inflammatory markers in the blood or stool
  - Iron deficiency that persists despite correction of potential causative factors

Information

For health professionals

Further information

- American Family Physician (AFP) – Acute Diarrhoea in Adults
- Healthdirect – Diarrhoea

For patients

- Betterhealth – Diarrhoea in Adults
- Gastroenterological Society of Australia (GESA):
  - Coeliac Disease
  - Diverticular Disease
  - Inflammatory Bowel Disease (IBD)
  - Dietary Advice for Chronic Gastrointestinal Disease
  - Low FODMAP Diet
- Healthand – Diarrhoea

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