Chronic diarrhoea
with or without
bleeding

History

Alarm features

Refer under 2 week
wait

Examination

Likely functional
diarrhoea (= IBS diarrhoea predominant)

Investigations

Likely organic
diarrhoea

Consider referral to
gastro

Provenance

Refer under 2 week
wait

Likely functional
diarrhoea (= IBS diarrhoea predominant)
1 Chronic diarrhoea with or without bleeding

Quick info:
Chronic diarrhoea may be defined as the abnormal passage of 3 or more loose or liquid stools per day for more than 4 weeks.

References

2 Provenance

Quick info:
Last updated 17th Nov 2011
Authors:
Dr J Huddy GPSI gastro
Drs Michell, Murray, Hussaini, Dalton, Beckly, Fortun, Stableforth. Consultant Gastroenterologists, Royal Cornwall Hospital, 2011

3 History

Quick info:
Consider
- alarm features
- abdominal pain
- weight loss
- nocturnal / continuous (as opposed to intermittent) diarrhoea
- IBS type symptoms
- abdominal pain, bloating and change in bowel habit
- drug side effect - common causes:
  - NSAIDs
  - antihypertensives
  - antibiotics
  - antiarrhythmics
- type of stool
  - steatorrhoea (malabsorption type) or
  - watery (colonic type)
- rectal bleeding
- family history
  - of GI cancer, IBD or coeliac
- previous GI surgery
- pancreatic disease
- systemic disease
  - e.g. thyroid / parathyroid disease, DM, adrenal disease, systemic sclerosis
- alcohol abuse causes diarrhoea
- foreign travel

4 Examination

Quick info:
Chronic diarrhoea

Abdominal and PR examination

5 Investigations

Quick info:

Stool test
  • MCS

Blood tests
  • FBC
  • UE
  • LFT
  • BONE
  • TFT
  • CRP
  • coeliac serology
  • B12 folate ferritin

6 Alarm features

Quick info:

Refer urgently those who have a high clinical suspicion of GI cancer or IBD
A recent audit of lower GI 2 week referrals to RCH demonstrated that 30% of referrals did not meet the following clinical criteria - this has knock on effects to non-2 week urgent referrals

Lower GI 2 week wait referral criteria:
  • R abdominal mass
  • PR mass (intraluminal not pelvic)
  • Unexplained IDA (Hb < 11g/dl in men, < 10 g/dl in non-menstruating women)
  • 6 weeks of persistent
    • age 40-60: rectal bleeding and loose / more frequent stools
    • age >60: rectal bleeding (without anal symptoms) and / or loose / more frequent stools

7 Likely functional diarrhoea (= IBS diarrhoea predominant)

Quick info:

Consider IBS in patients if [1]:
  • abdominal pain, bloating and a change in bowel habit for > 6 months
  • age < 45 years old
  • no alarm features
  • no weight loss
  • no nocturnal or continuous (as opposed to intermittent) diarrhoea
  • normal investigations

NICE criteria for IBS are [2]:
6 months of abdominal pain that is either
  • relieved by defecation or
  • associated with altered stool frequency or stool form
and 2 out of 4 of
  • disordered defecation (straining, urgency, incomplete evacuation)
  • abdominal bloating / distension
Chronic diarrhoea

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• symptoms worsened after eating
• mucus

References:

8 Likely organic diarrhoea

Quick info:
Factors suggestive of an organic (as opposed to a functional cause) are:
• age 45 and over
• nocturnal / continuous (as opposed to intermittent) diarrhoea
• weight loss
• rectal bleeding
• abnormal investigations
• family history of GI disease
Chronic diarrhoea

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Key Dates

Published: , by
Valid until:

Evidence summary for Chronic diarrhoea