

# Diarrhea

## Acute (<4 weeks)

### Most common causes

- Infectious (self-limiting)
- Medication

So review meds and order stool pathogen PCR

If no alarm symptoms, reassess in 4 weeks.

### Assess for Alarm Symptoms

- Nocturnal symptoms
- Weight loss
- Blood in stool
- Severe abdominal pain
- Fever
- Recent hospitalization / antibiotic use
- Special populations:
  - Age>50
  - Pregnant
  - immunocompromised

## Chronic (>4 weeks)

Most questions can be answered with EGD/colonoscopy. However, prior to that, we need to do some basic work up

### Differential

- Acute causes: Infectious / meds
- Upper GI: Celiac, Pancreatic insufficiency
- Malabsorption:
  - Lactulose
  - Artificial sweeteners
- IBD (microscopic, UC, Crohn's)
- Cancer (colorectal, gastric)
- Irritable Bowel Syndrome (may diagnose with ROME III criteria)

### Consider prior to endoscopy

- Review of medications
- Stool pathogen PCR
- Stool calprotectin (for IBD)
- CBC, CMP, TSH
- Celiac lab (TTG and deaminated-gliadin, IgG & IgA)
- Rule out H Pylori (serum IgG)