Diarrhoea

Introduction

Diarrhoea is the passing of frequent, watery stools. If you have diarrhoea you may also have crampy tummy pains, feel nauseous, feel feverish and lose your appetite. Diarrhoea is a symptom and can be acute or chronic.

Acute diarrhoea is usually caused by a viral infection or a bacterial infection or as a complication of your illness.

Chronic diarrhoea may be a result of a complication of your illness, especially if related to bowel or gastro-intestinal cancers.

Symptoms

Symptoms can range from slightly watery stools and a brief upset tummy, to longer-term, extremely watery stools and cramps and even incontinence. Common symptoms include:-

- Crampy tummy pains
- Nausea or vomiting
- Fever
- Headache
- Loss of appetite

If the diarrhoea lasts more than two weeks (in an adult) it is considered chronic.

Causes

Diarrhoea occurs when the lining of the small or large intestine is irritated. This leads to increased water being passed in the stools. The irritation also causes tummy pains as it contracts strongly and irregularly.

The most frequent cause is an infection with a virus or bacteria. The infection may come from infected food (food poisoning). Often the infection is spread between people by physical contact. You should, therefore, always wash you hands with soap and water before preparing food and after using the toilet. Other, usually short-term causes, include emotional upset or anxiety, drinking too much alcohol, coffee or sweets or the side effect from some medicines. Sometimes too much bran or fruit/fruit juice or curry causes diarrhoea.

In hospice patients some common causes of diarrhoea include a laxative overdose, a partial bowel obstruction, impaction (blockage) or stools with overflow diarrhoea, side effects after radiation and problems related to pancreatic and liver disease and poor absorption from the

With grateful acknowledgement of the Hospice Association of the Witwatersrand

gut. Patients who have had part of their bowel resected may also present with diarrhoea. There are many long-term conditions that cause chronic diarrhoea such as ulcerative colitis, Crohns disease, irritable bowel syndrome (IBS), lactose intolerance and pancreatitis. These should be investigated by your GP.

Diagnosis

If you have acute diarrhoea, the symptoms are very likely to settle down within a week and tests are usually unnecessary. However, it is essential for the hospice sister/doctor to perform a rectal examination to exclude certain conditions. If your diarrhoea becomes more persistent or if you have other symptoms (such as blood in your stools or dehydration) your hospice sister or doctor may ask for a stool sample to investigate for bacteria or parasites.

Other tests for chronic diarrhoea may include blood tests or a sigmoidoscopy (a procedure that involves passing a think fibre-optic tube, attached to a viewing lens, through the rectum to view the intestine).

Treatment

If you have acute diarrhoea you are advised to keep to the following until your symptoms settle.

Avoid dehydration by drinking lots of fluids. You are more likely to be dehydrated if you are also vomiting. Try to take small, frequent sips of water or diluted fruit juice. A small amount of fluid is better than none.

If you are worried that you are becoming dehydrated, your doctor or pharmacist may advise rehydration drinks. You can buy these sachets from your pharmacy and add them to water. They provide the correct balance of water, salt and sugar. They do not help cure the diarrhoea but are ideal to prevent or treat dehydration. A homemade oral rehydration solution can be made as follows -

1 litre cooled boiled water
8 level teaspoons sugar
½ level teaspoon salt
Mix well and store in cool place. Make a fresh solution every day

You should eat as soon as you can. It is advised that you should eat foods high in carbohydrates such as bread, pasta, rice or potatoes, bananas, maize meal as soon as you feel like it. Avoid spicy, greasy and high fibre foods.

If, however, you feel you cannot eat, it will do you no harm, but continue drinking and eat as soon as you are able.

Medication

With grateful acknowledgement of the Hospice Association of the Witwatersrand

- Your hospice sister/doctor might advise anti-diarrhoea medicines to relieve symptoms of severe diarrhoea which can reduce discomfort and social disruption. Anti-diarrhoea medication used at hospice includes, loperamide (Immodium®), codeine and morphine and anti-cramping medication. These drugs work by slowing the gut activity. Sometimes antibiotics will be prescribed.

- Your hospice sister/doctor may advise you to stop/reduce certain medication that makes diarrhoea worse, e.g. laxatives, Maxolon®.

- You can take recommended doses of paracetamol (Panado ®) or ibuprofen (Brufen ®) if you have a fever or headache.

- Always continue with good standards of hygiene; this is especially important if you or anyone in your family has diarrhoea.

What about probiotics?

Some research studies suggest that taking probiotics may reduce the duration of diarrhoea by about one day. Probiotics are dietary supplements of 'good, non harmful' bacteria or yeasts. The theory is that these 'good' bacteria and yeasts multiply in the gut and protect the gut from the 'bad' infecting bacteria or virus. If you wish to try them you can buy them at supermarkets, pharmacies and health stores. Probiotics are sold as capsules, yoghurt products, etc. There is no evidence to prefer any particular form, strength or dose.

Hygiene

Cleanliness and good hand hygiene is important when managing diarrhoea.

The patient should be wiped or washed carefully after each bowel action and petroleum jelly or barrier cream, e.g. fissan paste, applied to the buttocks and anal area. Keep the patient's bottom clean and dry at all times. A patient may need to wear adult disposable 'nappies' or pull up underwear for a period.

Severe dehydration

Patients who become severely dehydrated from diarrhoea and who are not being adequately rehydrated orally, may need a drip with intravenous or subcutaneous fluids and medication given via a syringe driver. These patients may need to be admitted to the Hospice IPU until their symptoms settle.

With grateful acknowledgement of the Hospice Association of the Witwatersrand