ONE MINUTE CONSULT

BRIEF QUESTIONS AND ANSWERS ON CURRENT CLINICAL CONTROVERSIES

CME CREDIT

Q: What is a practical approach to outpatient evaluation of diarrhea in a previously healthy, middle-aged patient?

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Stool weight and fat content differentiate malabsorption diarrhea from other types

A: THE APPROACH to diarrhea in a previously healthy middle-aged patient depends on the duration of the diarrhea and the presence of other gastrointestinal or systemic symptoms.

Diarrhea is best defined by stool weight, which is best determined with a 72-hour stool collection. However, since this is not always practical, we define diarrhea as the passage of frequent and liquid or loose stools.

DIARRHEA OF SHORTER DURATION

Acute diarrhea, defined as lasting less than 4 weeks, raises first the possibility of infection. A travel history or history of diarrhea in other members of the family is important. If the patient has diarrhea but no bleeding or fever, a conservative symptomatic approach with antidiarrheal agents and diet modification is reasonable. If bleeding is noted or diarrhea persists, sigmoidoscopy and stool cultures are indicated to rule out celiac sprue.

DIARRHEA OF LONGER DURATION

In the case of chronic diarrhea, defined as lasting longer than 4 weeks, the presence of other symptoms determines the workup. Bleeding, fever, or weight loss suggests **inflammatory bowel disease, malignancy, or a malabsorption syndrome**. Laboratory studies, including blood tests, stool cultures, and stool studies for ova and parasites are indicated, as are intestinal structural studies such as small bowel series and colonoscopy. If diarrhea is accompanied by weight loss but no bleeding and no anorexia and malabsorption is suspected, a test for antigliadin antibodies and a small bowel biopsy are indicated to test for **celiac sprue**.

If no accompanying symptoms are found, **irritable bowel syndrome** is the most likely cause. Irritable bowel syndrome is seen in any age group but may start in middle age and constitutes the most frequent cause of intermittent diarrhea in this age group. Irritable bowel syndrome may be managed with dietary changes and anticholinergic agents.

Inquire about intermittent fecal incontinence, particularly in women, as it is often the reason for the consultation. Fecal incontinence is a distressing and embarrassing symptom,[1] yet patients are often reluctant to volunteer this information until the physician inquires about it. Regular use of small doses of loperamide is very effective against fecal incontinence.

Another common cause of chronic diarrhea in middle-age is **microscopic colitis**, collagenous or lymphocytic,[2] which may be diagnosed by examination of biopsy specimens taken at random during colonoscopy or sigmoidoscopy.

WHEN TO TEST STOOL WEIGHT

If the severity and the nature of diarrhea can not be established, a **72-hour stool collection**, although inconvenient, provides stool weight and fat content, which is most helpful in establishing whether the patient indeed suffers from diarrhea and fat malabsorption.

REFERENCES

1. **Leigh RJ, Turnberg LA.** Faecal incontinence: The unvoiced symptom. Lancet 1982; 1349–1351.
2. **Pimentel RR, Achkar E, Bedford R.** Collagenous colitis: A treatable disease with an elusive diagnosis. Dig Dis Sci 1995; 40:1400–1404.

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