

# Dr Evangelos Russo

## Chronic Diarrhoea

Common causes of chronic diarrhoea include the following:

### 1) Infection:

This can typically be caused by viruses or bacteria. Infections can be transmitted through contaminated food or from person to person, and outbreaks in confined environments are quite common (most of us have heard of rotavirus outbreaks in cruise ships or hospitals). The majority of these are usually self-limiting for a few days, and they do not require specific treatment. Certain intestinal infections can persist for longer periods and cause chronic diarrhoea, especially in the elderly and people with weakened immune systems (immunocompromised).

### 2) Inflammatory Bowel Disease (IBD):

IBD (Crohn's disease and Ulcerative Colitis) is an inflammatory condition of the gut which is encountered with increasing frequency. Diarrhoea, often containing blood, is frequently the cardinal symptom of this condition. IBD is diagnosed with a colonoscopy, an examination where the bowel is inspected with the use of a flexible camera, during which small samples from the lining can be obtained and examined under the microscope. IBD should always be considered and ruled out in young people with persistent diarrhoea, especially if this is associated with abdominal pain and weight loss.

More on Inflammatory Bowel Disease: <https://www.crohnsandcolitis.org.uk/about-crohns-and-colitis>

### 3) Irritable bowel syndrome (IBS):

IBS is a very common condition associated with changes in bowel habit, bloating and abdominal pain. Diarrhoea is a common manifestation. Whilst we know that it is generally a benign condition not driven by an underlying inflammation or other serious pathology, the symptoms can be particularly persistent and distressing.

Unfortunately, the exact cause of IBS has not been uncovered yet, but research is currently focused on identifying specific gut microbial profiles and dietary factors that can either exacerbate or protect against the syndrome. We also know that stress can contribute significantly to IBS symptoms.

Potential treatment strategies include dietary interventions, as well as pharmacological options for more persistent cases. There is also evidence that hypnotherapy, behavioural therapy and complimentary approaches can also be of benefit in some patients.

### 4) Microscopic colitis:

While frequently misdiagnosed as IBS, microscopic colitis is a common cause of chronic watery diarrhoea, which, as opposed to IBS, is actually caused by inflammation of the colon and managed in a very different way. In fact, more than 1 in 10 patients with a previous diagnosis of IBS are believed to actually suffer from microscopic colitis. There are multiple reasons for this:

- The symptoms are very similar to IBS- Diarrhoea (IBS-D) i.e. persistent diarrhoea, abdominal pain and bloating.
- The stool calprotectin, a test commonly done by GPs to pick up bowel inflammation, can be normal in more than one in two patients with this condition
- The lining of the colon typically looks normal on colonoscopy

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In order to make a diagnosis of microscopic colitis, random biopsy samples obtained during colonoscopy are looked at under the microscope to confirm the presence of inflammation cells.

Once a formal diagnosis is made the treatment is usually straightforward and very rewarding.

## 5) Bile acid diarrhoea:

This is another common cause of chronic diarrhoea that is frequently overlooked. Studies have shown us that 3 in 10 patients previously diagnosed with IBS diarrhoea actually suffer from bile -acid diarrhoea.

Bile acids are produced by the liver and secreted in the upper gut in response to a meal to help with its digestion. Normally, these are reabsorbed in the lower small bowel and back into the liver to go through the same cycle several times over. If this cycle is interrupted, bile acids enter the large bowel causing chronic diarrhoea by coming into contact with its lining.

Bile acid diarrhoea is typically diagnosed with a SeHCAT scan, a special X-Ray that assesses the level of absorption of a test-dose of these molecules over a period of a week.

Once Bile Acid Diarrhoea is diagnosed, it is usually straightforward to manage with the use of medication that bind these abnormal acids before the colonic cells have the chance to “see” them.

## 6) Medications:

There is a large number of drugs that can cause chronic diarrhoea, including several antibiotics, antacids, medications for high blood pressure, anti-inflammatories and others. A careful medication history is crucial in assessing patients with persistent diarrhoea as this can be easily addressed by stopping the offending tablets.

## 7) Food intolerances or Coeliac disease:

Food intolerances are also quite common. A subset of people readily develop symptoms including cramping, bloating and diarrhoea in response to dairy products. This can be attributed to lactose intolerance. Wheat is another common trigger, a severe form of which is coeliac disease. Coeliac disease affects up to 1% of the population and is driven by inflammation caused by gluten, a protein commonly found in wheat, rye and barley. A careful dietary history and screening blood tests for coeliac disease form part of the routine assessment in all patients with diarrhoea.

## 8) Pancreatic insufficiency:

Disfunction of the pancreas, a gland which has a crucial role in digestion, can also cause chronic diarrhoea. This is due to inadequate production or secretion of digestive enzymes, especially in response to fatty food. The commonest, but by no means sole cause of pancreatic insufficiency, is chronic alcohol abuse. In addition to being harmful to the pancreas, alcohol also has a direct deleterious effect on intestinal cells, which in turn can cause chronic diarrhoea.