




Diarrhoea

Diarrhoea is a common reason for encounter in Australian general practice, presenting at a rate of 1.1/100 encounters. Acute diarrhoea related to gastroenteritis is usually mild and resolves without specific treatment. However, there are multiple other causes of acute diarrhoea, some of which are serious. Acute diarrhoea can lead to significant dehydration, particularly in children. Chronic diarrhoea has an estimated prevalence of about 4–5% in Australia and is also a common reason for presentation to general practice. Registrars are likely to have seen presentations of diarrhoea frequently during their experience in ED but need to have a broader understanding of the aetiology, assessment and management in general practice.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Classification of diarrhoea duration – acute, sub-acute and chronic • Bristol stool chart • Common and serious causes of diarrhoea in general practice acute and chronic causes • Red flags for potentially serious causes • Assessment of dehydration in children • Appropriate investigations for diarrhoea and indications • Approach to managing specific causes of diarrhoea, including in RACF patients • Approach to chronic diarrhoea in children and adults
PRE- SESSION ACTIVITIES	<ul style="list-style-type: none"> • Read the 2015 AAFP article Acute diarrhoea in adults • Read the 2019 BJGP article The investigation of chronic diarrhoea - new BGS guidance
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • When taking a history of the acute diarrhoea, consider 'Where did it come from?' and 'Where might it go next?' • Symptoms more suggestive of invasive bacterial enteritis include fever, tenesmus and bloody stool • Consider C. difficile in recently hospitalised patients or after antibiotic use • An occupational history is essential to help identify cause and limit spread • Always consider medication as a cause of diarrhoea e.g. antibiotics • Investigation of acute diarrhoea is usually not required, but consider for patients with features of severe illness, fever, bloody stool, prolonged duration, traveller's diarrhoea, immunosuppression, and for cases of suspected nosocomial infection or outbreak • Antimotility agents should be avoided in patients with bloody diarrhoea • Antibiotics are of no benefit in most cases of diarrhoea and may worsen symptoms • A common pitfall in the elderly is faecal impaction with spurious diarrhoea • IBS is the one of the most common causes of chronic diarrhoea • Consider bile acid diarrhoea and microscopic colitis in patients with unexplained chronic diarrhoea • Faecal calprotectin has high sensitivity and specificity for distinguishing organic from functional causes of chronic diarrhoea
RESOURCES 	<p>Read</p> <ul style="list-style-type: none"> • Guide to Assessment and Management of Acute Gastroenteritis in Primary Care • The Royal Children's Hospital Melbourne Clinical Practice Guidelines • Guidelines for the investigation of chronic diarrhoea in adults: British Society of Gastroenterology • Therapeutic Guidelines chapter on Supportive Management of Acute Gastroenteritis
FOLLOW UP & EXTENSION ACTIVITIES	<ul style="list-style-type: none"> • Ask the registrar to undertake the clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

John Duffy, aged 44, presents to you with a three day history of diarrhoea. He has a past medical history of well controlled GORD on pantoprazole 20mg daily. He has no other medical problems and takes no other regular medications. He denies any suspicious food or recent travel. He works as a primary school teacher.

QUESTION 1. What are the MOST IMPORTANT key features on history to help identify a potentially serious cause for John's diarrhoea? List up to FIVE.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

QUESTION 2. You wish to assess John's degree of dehydration. What are the MOST IMPORTANT aspects of examination to assess? List up to FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

QUESTION 3. There are no concerning features on history, and examination reveals no significant dehydration. What are the MOST IMPORTANT aspects of management to discuss with John? List up to FOUR.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features on history to help identify a potentially serious cause for John's diarrhoea?

- Fever
- Weight loss
- Bloody stool
- Severe abdominal pain
- Severe vomiting
- Recent medication use e.g. antibiotics

QUESTION 2

You wish to assess John's degree of dehydration. What are the MOST IMPORTANT aspects of examination to assess?

- General appearance
- BP/HR
- Mucous membranes
- Skin turgor

QUESTION 3

There are no concerning features on history, and examination reveals no significant dehydration. What are the MOST IMPORTANT aspects of management to discuss with John?

- Maintenance of hydration
- Appropriate diet – avoid fat, sugar
- Antimotility agents
- Work exclusion until resolution of symptoms
- Careful hand hygiene