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| Table I. List of medications (per medical subspecialty)commonly associated with diarrhea |
| **Cardiology** – Antiarrhythmics (Digitalis, Procainamide, Quinidine) – Antihypertensives (ACE-inhibitors, beta-blockers, Hydralazine, Methyldopa) – Cholesterol-lowering agents (Clofibrate, Gemfibrozil, statins) – Diuretics (Acetazolamide, ethacrynic acid, Furosemide)  |
| **Neurology** – Antianxiety (Alprazolam, Meprobamate) – Antiparkinsonian (Levodopa) – Anticholinergic agents – Fluoxetine – Lithium – Tacrine  |
| **Gastroenterology** – Antiulcer/antacid drugs (PPI, H2-receptor antagonists) – Antacids containing Mg – Misoprostol – Bile acids – Laxatives – 5-aminosalycilates  |
| **Endocrinology** – Oral hypoglycemic agents (Metformin) – Levothyroxine  |
| **Rheumatology** – NSAIDs – Colchicine – Gold salts  |
| **Antibiotics (most commonly involved)** – Macrolides – Quinolones – Amoxicillin – Ampicillin – Cephalosporins – Clindamycin – Tetracyclines  |
| **Antineoplastic agents**  |

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| Table II. Rome III criteria for the diagnosisof irritable bowel syndrome (IBS) |
| Recurrent abdominal pain or discomfort (an uncomfortable sensation, not described as pain) for at least 3 days/month in the past 3 months associated with two or more of the following:        1. Improvement with defecation      2. Onset associated with a change in frequency of stool      3. Onset associated with a change in form (appearance) of stool  |

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| Table III. Treatments for specific causes of diarrhea |
| **Cause** | **Treatment** |
|  Carbohydrate malabsorption (inherited or acquired) |  Restricted diet, lactase supplementation for lactase deficiency |
|  Celiac disease |  Gluten withdrawal, immune suppression in refractory cases |
|  Pancreatic insufficiency |  Diet, pancreatic enzymes supplementation |
|  Short bowel |  Nutritional supplementation, GLP-2 analog |
|  Mesenteric ischemia |  IV hydration, intervention (surgical, endovascular) if appropriate |
|  Bacterial overgrowth |  Antibiotics (absorbable and nonabsorbable), probiotics |
|  Post-cholecystectomy, Ileal bile acid malabsorption |  Bile acid binders |
|  Inflammatory bowel disease |  Salicylates, steroids, biological agents (e.g., infliximab) |
|  Pseudomembranous colitis (*C. difficile*) |  Metronidazole, vancomycin, fidaxomicin, *Saccaromyces boulardii* |
|  Invasive bacterial, viral, parasitic infections |  Agent-specific |
|  Microscopic colitis |  Budesonide, salicylates, empiric treatments |
|  Diverticulitis |  Surgery, antibiotics, salicylates?? |
|  Vasculitis |  Immune suppression |
|  Diabetic diarrhea |  Glucose control, various agents, incl**uding** clonidine, octreotide |
|  Hyperthyroidism |  Thyroid suppression |
|  IBS |  Antidiarrheals, dietary changes, alosetron, rifaximin, tricyclic antidepressants |
|  Neuroendocrine tumors |  Surgery, octreotide, lanreotide, chemotherapy, and loco-regional treatments if appropriate |
|  HIV |  Empiric agents, empiric metronidazole, if on ritonavir consider alternate agents |
|  Neoplasms (colon cancer, lymphoma) | Surgery, chemo-radiotherapy, empiric treatment |
|  Radiation enteritis |  Empiric, salicylates, antibiotics, ?hyperbaric oxygen |