Chronic Diarrhea Primary Care Clinical Pathway

1. Suspected chronic diarrhea
- 3 or more loose/watery stools per day
- Onset at least 4 weeks ago

2. Alarm features
- Family history (first-degree relative) of IBD or colorectal cancer
- Onset of symptoms after age 50
- Unintended weight loss (<5% over 6-12 months)
- Nocturnal symptoms or significant incontinence
- Visible blood in stool
- Iron deficiency anemia (see Iron Primer)

Yes → **8.** Refer for consultation/ endoscopy. See referral guideline tab for details.

No

Initial investigation and management (dependent on history)

3. Baseline investigation
- Blood: CBC, electrolytes, ferritin, CRP, celiac disease screen
- Stool: *C.* difficile, ova and parasites

*If high clinical suspicion of IBD, do fecal calprotectin test

If fecal cal test > 120 ug/g or positive for celiac → **8.** Refer for consultation/ endoscopy. See referral guideline tab for details.

Consider based on history

4. Optimize management of secondary causes
- Medical history and physical examination
- Medication-induced diarrhea: optimize or discontinue use
- History of cholecystectomy
- Identify common triggers like sugar alcohols (mannitol, sorbitol), lactose, fructose, and gluten/wheat

5. General principles for treatment and management of chronic diarrhea
- Education on normal stool form and bowel movement frequency
- Patient reassurance and management of expectations
- Modify diet, remove trigger foods, and space small meals throughout the day
- Soluble fibre supplementation and ensure adequate water intake
- Lifestyle modification: physical activity and psychological therapy (e.g., sleep disorder and stress management)

6. Pharmacological options for treating chronic diarrhea
- Anti-diarrheals/anti-motility agents (Loperamide, Diphenoxylate-atropine)
- Tricyclic antidepressants (TCA)
- Bile acid sequestrants
- Antibiotics (Rifaximin)

If unsatisfactory response, consider using an advice service before referring. See referral guideline tab for details. → **8.** Refer for consultation/ endoscopy. See referral guideline tab for details.

7. Consider alternative diagnosis
- Microscopic colitis
- Irritable bowel syndrome-diarrhea predominant (IBS-D)
- Bile acid induced diarrhea (BAD)
- Small intestinal bacterial overgrowth (SIBO)
- Pancreatic exocrine insufficiency (PEI)

If IBS suspected → Follow IBS Pathway

Yes → Treat or refer for consultation. See referral guideline tab for details.