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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 diagnosis  of 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 |