



# Gastroenterología y Hepatología

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## REVIEW IN GASTROENTEROLOGY

### Chronic diarrhoea: Definition, classification and diagnosis<sup>☆</sup>

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**Abstract** Chronic diarrhoea is a common presenting symptom in both primary care medicine and in specialised gastroenterology clinics. It is estimated that >5% of the population has chronic diarrhoea and nearly 40% of these patients are older than 60 years. Clinicians often need to select the best diagnostic approach to these patients and choose between the multiple diagnostic tests available. In 2014 the Catalan Society of Gastroenterology formed a working group with the main objective of creating diagnostic algorithms based on clinical practice and to evaluate diagnostic tests and the scientific evidence available for their use. The GRADE system was used to classify scientific evidence and strength of recommendations. The consensus document contains 28 recommendations and 6 diagnostic algorithms. The document also describes criteria for referral from primary to specialised care.

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**PALABRAS CLAVE**

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**Diarrea crónica: definición, clasificación y diagnóstico**

**Resumen** La diarrea crónica es un síntoma de presentación frecuente, tanto en las consultas de medicina de familia como en las de digestivo. Se estima que >5% de la población sufre diarrea crónica y que cerca del 40% de estos sujetos son mayores de 60 años. El clínico se enfrenta con frecuencia a la necesidad de decidir cuál es el mejor enfoque diagnóstico de estos pacientes y elegir entre las múltiples pruebas diagnósticas existentes. En 2014 la Societat Catalana de Digestologia creó un grupo de trabajo con el objetivo principal de crear algoritmos diagnósticos en base a la práctica clínica y evaluar las pruebas diagnósticas disponibles y la evidencia científica para su utilización. Para clasificar la evidencia científica y la fuerza de las recomendaciones se utilizó el sistema GRADE. Se han establecido 28 recomendaciones y 6 algoritmos diagnósticos. Se describen los criterios de derivación desde medicina primaria a digestivo de un paciente con diarrea crónica.

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**Introduction****Purpose of the consensus document**

Chronic diarrhoea is a common complaint seen by both primary care doctors and gastroenterologists. According to estimates, chronic diarrhoea has a prevalence of over 5%, with over 40% of cases occurring in the over-60 age group.<sup>1</sup> The list of possible causes is long (Table 1), and various diagnostic tests are usually needed before reaching a definitive diagnosis.<sup>1–5</sup> Clinicians are often faced with the challenge of deciding the best diagnostic approach in these patients, and must choose between the broad array of diagnostic tests currently available. A definitive diagnosis all too often proves elusive, and many patients are diagnosed with functional or idiopathic diarrhoea.

Several clinical practice guidelines have been published for the purpose of establishing the best investigation protocol in patients with chronic diarrhoea.<sup>2,4,6</sup> The aim of these recommendations is to maximise positive diagnoses while minimising examinations. These guidelines need to be updated and adapted to current clinical practice, as in recent years a series of diseases with an underlying organic cause presenting with the characteristics of a “functional” disease have been identified. In fact, some authors have challenged the very existence of functional diarrhoea *per se*.<sup>7,8</sup>

In 2014, with the aim of helping clinicians diagnose chronic diarrhoea, the *Societat Catalana de Digestologia* proposed creating a working group to draw up a consensus document on the issue. The document was presented at the association’s annual conference in January 2015, and an abbreviated version is available online ([http://www.scdigestologia.org/index.php?link=docs\\_posicio](http://www.scdigestologia.org/index.php?link=docs_posicio)). The primary aim of the group was to create diagnostic algorithms based on clinical practice, and to evaluate existing diagnostic tests and the clinical evidence supporting their use.

Scientific evidence and strength of recommendation were classified according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system (<http://www.gradeworkinggroup.org/>). Table 2 shows

the different categories used to grade certainty (or quality) of the evidence (CE) and strength of recommendation (SR).<sup>9</sup>

**Definition of chronic diarrhoea**

Chronic diarrhoea is defined as the passage of loose or liquid stools, urgent need to evacuate or feelings of abdominal discomfort, or increased frequency of these, lasting more than 4 weeks.<sup>2,5</sup> Stool consistency is determined by the relationship between faecal water and the water-holding capacity of insoluble faecal solids. As stools consist predominantly of water (60–85%), consistency is difficult to quantify, and for this reason stool weight is used as a reasonable indirect estimation of consistency. Diarrhoea, therefore, can be defined by the weight or volume of stools measured over 24–72 h (on average, 2–3 days). The normal weight of stool output over a 24-h period in children and adults is less than 200 g; thus, stool weight >200 g/24 h is an objective definition of diarrhoea. However, it is important to note that up to 20% of patients with liquid diarrhoea, and thus a lower stool weight, are excluded from this definition.

A pragmatic definition incorporates the following elements: passage of loose or liquid stools more than 3 times daily and/or an output of 200 g/day of loose or liquid stools.

**Patient history and classification**

A detailed medical history and physical examination are essential in the assessment of patients with chronic diarrhoea.<sup>3–5</sup> When taking the medical history, clinicians should first evaluate the patient’s family history of diseases such as coeliac disease or inflammatory bowel disease, both of which have a familial component, their history of travel to regions where diarrhoea is endemic, engagement in risky sexual practices, history of systemic diseases (for example, diabetes mellitus, systemic or neurological diseases, amyloidosis, etc.) and gastrointestinal surgery (for example, cholecystectomy, intestinal resection), use of medicinal products that could cause diarrhoea, or use of chewing gum or sweets with a high sorbitol content.

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