



| Causes of chronic diarrhea | | >4 semanas | ionograma | | | |
|---|--|------------|-----------|-----------------|------------------------|--|
| Common | | | | | | |
| <ul style="list-style-type: none">■ IBS-diarrhea■ Bile acid diarrhea■ Diet<ul style="list-style-type: none">• FODMAP malabsorption<ul style="list-style-type: none">◦ Lactase deficiency• Artificial sweeteners (eg, sorbitol, xylol in chewing gum, soft drinks)• Caffeine (eg, coffee, coke, energy drinks)• Excess alcohol• Excess liquorice■ Colonic neoplasia■ Inflammatory bowel disease• Ulcerative colitis• Crohn's disease• Microscopic colitis■ Celiac disease■ Drugs<ul style="list-style-type: none">• Antibiotics, in particular macrolides (eg, erythromycin)• Non-steroidal anti-inflammatory drugs• Magnesium-containing products• Hypoglycemic agents (eg, metformin, gliptins)• Antineoplastic agents• Others (eg, furosemide, Olestra)■ Recurrent <i>Clostridioides</i> (formerly <i>Clostridium</i>) <i>difficile</i> diarrhea■ Overflow diarrhea | | | | PSOF, hemograma | calprotectina, PCR, VS | anticorpos anti-transglutaminase tecidula, IgA e IgA Total |

| | |
|---|--|
| Infrequent | |
| ■ Small bowel bacterial overgrowth | |
| ■ Mesenteric ischaemia | |
| ■ Lymphoma | |
| ■ Surgical causes (eg, small bowel resections, fecal incontinence, internal fistula) | |
| ■ Chronic pancreatitis | |
| ■ Radiation enteropathy | |
| ■ Pancreatic carcinoma | |
| ■ Hyperthyroidism | |
| ■ Diabetes | |
| Parasitologico | ■ Giardiasis (and other chronic infection) |
| | ■ Cystic fibrosis |
| Rare | |
| ■ Other small bowel enteropathies (eg, Whipple's disease, tropical sprue, amyloid, intestinal lymphangiectasia) | |
| ■ Hypoparathyroidism | |
| ■ Addison's disease | |
| ■ Hormone secreting tumors (VIPoma, gastrinoma, carcinoid) | |
| ■ Autonomic neuropathy | |
| ■ Factitious diarrhea | |
| ■ Brainerd diarrhea (possible infectious cause not identified) | |

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◇ Additional laboratory studies to assess for malabsorption include albumin, red cell folate, serum iron, total iron binding capacity, vitamin B12, calcium, magnesium, carotene, and 25-hydroxyvitamin D.

Dietary recommendations — Boiled starches (amido - batata, arroz e trigo) and cereals (eg, potatoes, noodles, rice, wheat, and oat) with salt are indicated in patients with watery diarrhea; crackers, bananas, soup, and boiled vegetables may also be consumed [3]. Foods with high fat content should be avoided until the gut function returns to normal after a severe bout of diarrhea.

Dairy products (except yogurt) may be difficult to digest in the presence of diarrheal disease. This is due to secondary lactose malabsorption, which is common following infectious enteritis and may last for several weeks to months. Thus, temporary avoidance of lactose-containing foods is reasonable.

Adequate nutrition during an episode of acute diarrhea is important to facilitate enterocyte renewal [23]; if patients are anorectic or have nausea and vomiting, a short period of consuming only liquids will not be harmful