



The Information Exchange

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Diarrhoea

Diarrhoea is a common symptom among people with HIV, especially for those with a low **CD4 count**. Its severity can vary from a semi-loose to a completely liquid bowel movement or stool. There may also be other symptoms such as **abdominal pain**, **loss of appetite** and **weight loss**. If you have diarrhoea for more than a few days, consult your GP or clinic doctor.

Although diarrhoea is often a side effect of anti-retroviral medication, a variety of infections may be responsible so the best way to manage diarrhoea is to identify and treat any underlying infection which may be found.

Apart from infections and anti-retroviral drugs, other possible causes might include **anti-biotics** (some of which can disrupt the normal gut bacteria that help to digest food); other medical conditions such as **Crohn's disease**, **malabsorption**, **problems with the pancreas** and **irritable bowel syndrome**.

Diagnosis

You may be asked to provide stool samples to be tested for infections. Sometimes infections which live in the tissue lining of the bowel cannot be detected in the stool, so your doctor may also suggest a biopsy. A tube is inserted via your mouth into your stomach or small intestine (Endoscopy), or via your anus into the rectum or lower bowel (sigmoidoscopy or colonoscopy) and a tiny piece of the lining is removed for tests.

If no infections are found and you are taking drugs that are known to cause diarrhoea, your doctor may assume that these are the cause.

Management

There are three issues to address in treating diarrhoea:

- the cause
- the symptoms
- the effects

The most common gut infections that cause diarrhoea are **Cryptosporidium**, **Microsporidium**, **Shigella**, **Giardia**, **Campylobacter** and **Salmonella**. Other opportunistic infections that can infect the gut as well as other parts of the body include **Cytomegalovirus (CMV)** and **Mycobacterium avium intracellulare (MAI)**. Once your doctor has identified the cause, specific treatments can be offered, although some of these infections can be very hard to treat. If your diarrhoea is thought to be caused by medication/drugs, it may be possible to reduce the dose or use a different medication. Irritable bowel syndrome may respond to a change in the fibre content of your diet, or to anti-spasmodic drugs.

As well as treating the cause your doctor can offer standard anti-diarrhoea medicines, such as **Loperamide (Imodium®)** or **codeine** to reduce the symptoms.

It is also important to deal with the secondary effects of diarrhoea. You may be losing a lot of liquid and minerals from your body, such as potassium and sodium, so it is important to drink plenty of fluids and sometimes consider special rehydration drinks such as **Dioralyte**.

You may also experience weight loss, because loss of appetite means that you are not eating enough, or because you are not absorbing enough nutrients in your gut. Sometimes you can regain weight simply by eating more. A **dietician** at your clinic can recommend food and supplements to increase your nutritional intake without worsening the diarrhoea. Avoiding foods that are high in fat, fibre or lactose content may also help the diarrhoea.

Diarrhoea often leads to soreness around the anus. Your doctor may be able to suggest soothing medications. Incontinence (loss of bowel control) causes other practical problems such as increased laundry. Ask your clinic, social service or voluntary organisation if you need help with this.

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