

Diarrhoea

Introduction

Diarrhoea is passing looser or more frequent stools than is normal for you. It affects most people from time to time and is usually nothing to worry about.

What causes diarrhoea?

There are many different causes of diarrhoea, but a bowel infection (gastroenteritis) is a common cause in both adults and children.

Gastroenteritis can be caused by:

a virus, such as norovirus or rotavirus

bacteria, which is often found in contaminated food

a parasite

The symptoms associated with diarrhoea can vary depending on the cause. For example, if your diarrhoea is caused by an infection, you may also have a fever and severe stomach cramps.

In adults, bouts of diarrhoea can sometimes be the result of anxiety or drinking too much coffee or alcohol. Diarrhoea can also be a side effect of certain types of medication.

Treating diarrhoea

Most cases of diarrhoea clear up after a few days without treatment.

In adults, it usually improves after two to four days. In children, it often lasts slightly longer, between five and seven days.

Diarrhoea can lead to dehydration if it's severe, frequent or both, so you should drink plenty of fluids (small, frequent sips of water) while you have diarrhoea. It is very important that babies and small children do not become dehydrated.

Your pharmacist may suggest you take an oral rehydration solution (ORS) if you are particularly vulnerable to the effects of dehydration. If you are 60 years

of age or over, frail, or you have a health condition such as cardiovascular disease, for example, you should take extra care.

Antidiarrhoeal medicine is not usually necessary unless it is important that you shorten the length of time your diarrhoea lasts for (for example, if you need to take a long-haul flight). Loperamide is the main medicine used to treat diarrhoea as it has been shown to be effective and has few side effects. Children should not take this medicine.

When to see your DOCTOR

In adults, diarrhoea that lasts more than a few weeks may be a sign of a more serious condition, such as bowel cancer, Crohn's disease or irritable bowel syndrome (IBS).

If you have persistent diarrhoea, you should visit your DOCTOR so the doctor can try to establish a cause. This is particularly important if you have blood or pus in your faeces.

If your baby or child has had six or more episodes of diarrhoea in the last 24 hours, you should take them to see your DOCTOR.

You should also visit your DOCTOR if you have diarrhoea and you are very unwell. Your DOCTOR may decide to investigate further by sending a stool sample to be analysed in a laboratory, for example.

Preventing diarrhoea

To prevent diarrhoea caused by infection, you should take steps to prevent the infection spreading. For example, make sure you:

wash your hands thoroughly after going to the toilet and before eating or preparing food

clean the toilet, including the handle and the seat, with disinfectant after each bout of diarrhoea

avoid sharing towels, flannels, cutlery or utensils with other household members

stay at home until at least 48 hours after the last episode of diarrhoea

Symptoms of diarrhoea

Diarrhoea can have a number of associated symptoms depending on the cause and who is affected.

In terms of severity, you may only have slightly watery stools and a brief upset stomach, or your stools may be very watery for a prolonged period.

Many people with diarrhoea experience stomach cramps and a frequent, urgent need to go to the toilet. Other common symptoms associated with diarrhoea include:

nausea and vomiting

headache

loss of appetite

When to contact your DOCTOR

The advice about when to contact your DOCTOR varies depending on who is affected.

Babies

You should contact your DOCTOR or health visitor immediately if your baby has had six or more episodes of diarrhoea in the past 24 hours.

Children

Contact your DOCTOR if your child has:

had six or more episodes of diarrhoea in the past 24 hours

diarrhoea and vomiting at the same time

particularly watery diarrhoea

blood in their diarrhoea

diarrhoea that lasts more than two weeks (it usually passes within five to seven days)

Adults

You should visit your DOCTOR if you have:

diarrhoea and have recently been in hospital

recently been treated with antibiotics

diarrhoea that has blood in it

diarrhoea and persistent vomiting

unexplained weight loss

bleeding from your rectum (back passage)

passed a large amount of very watery diarrhoea – you may be at risk of dehydration

diarrhoea at night that is disturbing your sleep

diarrhoea that lasts longer than a week (it usually passes within two to four days)

Dehydration

Severe or persistent diarrhoea can cause dehydration.

In children, symptoms of dehydration include:

irritability or drowsiness

passing urine infrequently

pale or mottled skin

cold hands and feet

feeling increasingly unwell

In adults, symptoms of dehydration include:

tiredness and a lack of energy

loss of appetite

nausea

feeling lightheaded

dizziness, particularly when standing up

dry tongue

sunken eyes

muscle cramps

rapid heartbeat

Read more about the symptoms of dehydration.

Causes of diarrhoea

Diarrhoea usually occurs when fluid cannot be absorbed from the contents of your bowel, or when extra fluid is secreted into your bowel, causing watery faeces.

Short-term diarrhoea

Diarrhoea is usually a symptom of gastroenteritis (a bowel infection). It can be caused by:

a virus, such as norovirus or rotavirus

bacteria, such as campylobacter, Clostridium difficile (C. difficile), Escherichia coli (E. coli), salmonella and shigella – these may all cause food poisoning

parasites, such as the Giardia intestinalis parasite that causes giardiasis

Diarrhoea caused by contaminated food or water while visiting a foreign country is often known as travellers' diarrhoea.

Other possible causes of short-term diarrhoea include:

emotional upset or anxiety

drinking too much coffee or alcohol

a food allergy

appendicitis (painful swelling of the appendix)

damage to the lining of the intestines due to radiotherapy

Medicines

Diarrhoea can also sometimes be a side effect of medicines, including:

antibiotics

antacid medicines that contain magnesium

some medicines that are used in chemotherapy

non-steroidal anti-inflammatory drugs (NSAIDs)

selective serotonin reuptake inhibitors (SSRIs)

statins (cholesterol-lowering medicines)

laxatives (medicine used to help empty your bowels if you are constipated)

The patient information leaflet that comes with your medicine should state whether diarrhoea is a possible side effect.

Long-term diarrhoea

Conditions that can cause persistent diarrhoea include:

bowel cancer – this can cause diarrhoea and blood in your stools

chronic pancreatitis – inflammation of the pancreas, a small organ that produces hormones and digestive juices

coeliac disease – a digestive condition where you are intolerant to the protein gluten

Crohn's disease – a condition that causes inflammation of the digestive system lining

irritable bowel syndrome (IBS) – a poorly understood condition where the normal functions of the bowel are disrupted

microscopic colitis – a type of inflammatory bowel disease that causes watery diarrhoea

ulcerative colitis – a condition that affects the colon (large intestine)

cystic fibrosis – an inherited condition that affects the lungs and digestive system

Persistent diarrhoea can also sometimes occur following a gastrectomy. This is a surgical operation to remove part of the stomach, for example as a treatment for stomach cancer.

Diarrhoea can also sometimes be caused by bariatric surgery (weight loss surgery used as a last resort to treat people who are dangerously obese).

Diagnosing diarrhoea

Most cases of diarrhoea get better within a week and you may not need to visit your DOCTOR.

Read more about when to visit your DOCTOR if you have diarrhoea.

The information below explains what will happen if you need to see your DOCTOR.

Identifying the cause

To identify what is causing your diarrhoea, your DOCTOR may ask questions, such as:

what your stools are like – for example, if they are very watery or contain blood

how often you have had diarrhoea

whether you have other symptoms, such as a fever

whether you have been in contact with anyone else who has diarrhoea (you may have caught an infection)

whether you have recently eaten out anywhere (you may have food poisoning)

whether you have recently travelled abroad (to rule out travellers' diarrhoea)

whether you are taking medication and if it has recently changed

whether you have been stressed or anxious recently

how much coffee and alcohol you drink

Stool sample

Your DOCTOR may ask you for a stool sample so it can be analysed for bacteria or parasites if you have:

persistent diarrhoea that has lasted more than a week

other symptoms, such as blood or pus in your stools

symptoms that affect your whole body, such as fever or dehydration

a weakened immune system – for example, because you have HIV

recently travelled abroad

recently been in hospital or been taking antibiotics

Blood tests

Your DOCTOR may suggest that you have some blood tests if they suspect that an underlying health condition is causing your diarrhoea.

For example, your blood can be tested for signs of inflammation, which may suggest inflammatory bowel disease.

Rectal examination

If you have unexplained persistent diarrhoea or if you are over the age of 50, your DOCTOR may recommend a digital rectal examination (DRE).

During a DRE, your DOCTOR will insert a gloved finger into your anus (back passage) and rectum to feel for any abnormalities. It can be useful in diagnosing conditions that affect your rectum and bowels.

Further investigations

If your DOCTOR is unable to find the cause of your diarrhoea, they may refer you to your local hospital for further investigations.

For example, you may have:

a sigmoidoscopy – an instrument called a sigmoidoscope (a thin, flexible tube with a small camera and light on one end) is inserted into your rectum and up into your bowel

a colonoscopy – a similar procedure that uses a larger tube called a colonoscope to examine your entire bowel

Treating diarrhoea

Diarrhoea will usually clear up without treatment after a few days because the immune system fights off the infection.

In children, the symptoms of diarrhoea will usually pass within five to seven days. In most cases, diarrhoea does not last more than two weeks.

In adults, diarrhoea usually improves within two to four days. However, it can last longer depending on the particular type of infection involved. For example:

rotavirus – three to eight days

norovirus – about two days

campylobacter and salmonella infections – two to seven days

giardiasis – several weeks

While waiting for your diarrhoea to pass, you can ease your symptoms by following the advice outlined below. This advice also applies if you are pregnant or breastfeeding and have diarrhoea.

Drink fluids

It is important to drink plenty of fluids to avoid dehydration. Take small, frequent sips of water. You are more likely to become dehydrated if you are also vomiting.

It is very important for babies and small children not to become dehydrated. Give your child frequent sips of water, even if they are vomiting. A small amount is better than none. Fruit juice or fizzy drinks should be avoided because they can make diarrhoea worse in children.

Contact your DOCTOR immediately if your child shows signs of dehydration, such as:

irritability or drowsiness

passing urine infrequently

pale or mottled skin

cold hands and feet

becoming increasingly unwell

Children at increased risk of dehydration

Your child's risk of becoming dehydrated is increased if they:

are younger than one year old (particularly if they are less than six months)

are younger than two years old and had a low birth weight

have had more than six episodes of diarrhoea in the last 24 hours

have vomited more than twice in the last 24 hours

have been unable to hold down fluids

have suddenly stopped breastfeeding

If you are breastfeeding or bottlefeeding your baby and they have diarrhoea, you should continue to feed them as normal. While breastfeeding, you should increase your fluid intake to help maintain your milk supply.

You may be able to give your baby oral rehydration solution (ORS) if they become dehydrated. However, check with your pharmacist or health visitor before giving rehydration fluids to young babies and infants.

Oral rehydration solutions (ORS)

Your DOCTOR or pharmacist may suggest using an oral rehydration solution (ORS) if you or your child are at risk from the effects of dehydration. For example, if you:

are 60 years of age or over

are frail

have a pre-existing health condition, such as cardiovascular disease

Rehydration drinks usually come in sachets available from your local pharmacist without a prescription. They are dissolved in water and replace salt, glucose and other important minerals that are lost through dehydration.

Rehydration drinks do not cure diarrhoea but they can help treat or prevent dehydration. Avoid using homemade salty or sugary drinks.

Children

Your DOCTOR or pharmacist may recommend giving your child an ORS if they are dehydrated or at risk of becoming dehydrated.

The usual recommendation is for your child to drink an ORS each time they have an episode of diarrhoea. The amount they should drink will depend on their size and weight. Your pharmacist will be able to advise you about this. The manufacturer's instructions should also give information about the recommended dose.

Eating

Opinion is divided over when and what you should eat if you have diarrhoea. However, most experts agree that you should eat solid food as soon as you feel able to. Eat small, light meals, avoiding fatty, spicy or heavy foods.

If you feel you cannot eat, it should not do you any harm. Make sure you continue to drink fluids and eat as soon as you feel able to.

Children

If your child is dehydrated, do not give them any solid food until they have drunk enough fluids. Once they have stopped showing signs of dehydration, they can start eating their normal diet.

If your child is not dehydrated, offer them their normal diet. If they refuse to eat, continue to give them fluids and wait until their appetite returns.

Medicines

Antidiarrhoeal medicines

Antidiarrhoeal medicines may help reduce your diarrhoea and shorten how long it lasts by around 24 hours. However, they are not usually necessary unless shortening the duration of your diarrhoea helps you get back to essential activities sooner.

Loperamide is the main antidiarrhoeal medicine used because it has been shown to be effective and causes few side effects. Loperamide slows down the muscle movements in your gut so that more water is absorbed from your stools. This makes your stools firmer and they are passed less frequently.

An alternative to loperamide is a different type of antidiarrhoeal medicine called racecadotril, which works by reducing the amount of water produced by the small intestine. Evidence suggests this medication is as effective as loperamide for treating diarrhoea.

Some antidiarrhoeal medicines can be bought from a pharmacy without a prescription. Check the patient information leaflet that comes with the medicine to find out whether it is suitable for you and what dose you should take. Ask your pharmacist for advice if you are unsure.

Do not take antidiarrhoeal medicines if there is blood or mucus in your stools and/or you have a fever (high temperature). Contact your DOCTOR.

Most antidiarrhoeal medicines should not be given to children, although racecadotril can be used in children over 3 months old if it is combined with oral rehydration and the other measures mentioned above.

Painkillers

Painkillers will not cure your diarrhoea, but you can take the recommended dose of paracetamol or ibuprofen if you have a fever or a headache. Do not take ibuprofen if you have asthma or stomach, liver or kidney problems.

If necessary, you can give your child liquid paracetamol or ibuprofen. Check the patient information leaflet to find out whether it is suitable for your child. Children under 16 years of age should not be given aspirin.

Antibiotics

Treatment with antibiotics is not recommended for diarrhoea if the cause is unknown. This is because antibiotics:

- will not work if the diarrhoea is caused by a virus

- can cause unpleasant side effects

- can become less effective at treating more serious conditions if they are repeatedly used to treat mild conditions

Antibiotics may be recommended if you have very severe diarrhoea and a specific type of bacteria has been identified as the cause.

They may also be recommended if you have a pre-existing risk factor that makes you more vulnerable to infection, such as a weakened immune system.

Hospital treatment

Occasionally, hospital treatment may be needed if you or your child is seriously dehydrated due to diarrhoea. Treatment will involve administering fluids and nutrients directly into a vein (intravenously).

Preventing diarrhoea

To prevent the spread of infections that cause diarrhoea, you should always maintain high standards of hygiene.

For example, you should always:

wash your hands thoroughly after going to the toilet and before eating or preparing food

clean the toilet, including the handle and the seat, with disinfectant after each bout of diarrhoea

avoid sharing towels, flannels, cutlery or utensils with other household members

avoid returning to work or school until at least 48 hours after the last episode of diarrhoea

If it is suspected or confirmed that the parasite cryptosporidium caused the diarrhoea, you or your child should avoid using a swimming pool for two weeks after the last episode of diarrhoea.

Food hygiene

Practicing good food hygiene will help avoid getting diarrhoea as a result of food poisoning. Some ways you can do this include:

regularly washing your hands, surfaces and utensils with hot, soapy water

never storing raw and cooked foods together

making sure food is kept properly refrigerated

always cooking your food thoroughly

never eating food past its sell-by date

Travellers' diarrhoea

There is no vaccination that can protect you from all possible causes of travellers' diarrhoea. The best way to avoid it is to practice good food and water hygiene while abroad.

Preventative antibiotics are not recommended if you are fit and healthy. If you have a serious health condition that could be made worse if you get diarrhoea, your DOCTOR may consider prescribing preventative antibiotics. Speak to your DOCTOR if this applies to you.

If you are travelling in a country where standards of public hygiene are low and there is a risk of water contamination, for example some African or Asian countries, avoid the following food and drink:

tap water

fruit juices (if sold by a street vendor)

ice cream or ice cubes

shellfish

eggs

salads

raw or undercooked meat

peeled fruit

mayonnaise

sauces

Food and drink that is generally safe to eat includes:

sealed bottled water produced by a recognised international manufacturer

freshly cooked food, such as soup or stir-fry

canned food

food in sealed packs

fresh bread

unpeeled fruit

tea or coffee

alcohol

Read more about food and water abroad and travel vaccinations.