

# Priority Topic: DIARRHEA

| Key Features:   | <i>Where you should get this:</i>  |
|---|--|
| <p>1. In all patients with diarrhea, a) Determine hydration status, b) Treat dehydration appropriately.</p> <p><b>What you should study:</b></p> <ul style="list-style-type: none"> <li>✓ <b>Dehydration and management (pediatric):</b> Canadian Pediatric Society. Oral rehydration therapy in the management of childhood gastroenteritis</li> </ul>   | <p><b>Rotations:</b><br/>FM clinics;<br/>Peds and Adult ER;<br/>Wards</p>                      |
| <p>2. In patients with acute diarrhea, use history to establish the possible etiology (e.g., infectious contacts, travel, recent antibiotic or other medication use, common eating place for multiple ill patients).</p> <p><b>What you should study:</b></p> <ul style="list-style-type: none"> <li>✓ <i>“Acute Diarrhea” from the textbook “Symptoms to Diagnosis – An Evidence-Based Guide. 3<sup>rd</sup> edition (Stern and Cifu). It is FREE if you login through your McGill vpn account.</i></li> <li>✓ <a href="#">Am Fam Physician. 2014;89(3):180-189. Acute diarrhea in adults</a></li> </ul> | <p><b>Talks:</b></p> <p>Rotation based talk August 2016</p> <p>Gastroenteritis – peds talk</p> |
| <p>3. In patients with acute diarrhea who have had recent hospitalization or recent antibiotic use, look for clostridium difficile.</p> <p><b>What you should study:</b></p> <ul style="list-style-type: none"> <li>✓ In the clinic: Clostridium difficile infection (prevention, diagnosis, treatment)</li> </ul>  |  |
| <p>4. In patients with acute diarrhea, counsel about the timing of return to work/school (re: the likelihood of infectivity).</p>   |  |

**What you should study:**

- ✓ [Ah! Ces infections en garderie](#)

**5. Pursue investigation, in a timely manner, of elderly with unexplained diarrhea, as they are more likely to have pathology.**

**What you should study:**

*I had difficulty finding something that captured this better than the “symptoms and diagnosis book...”; but you should know about this diagnosis in the elderly:*

- ✓ [Colite microscopique](#)- Le medecin du Quebec

**6. In a young person with chronic or recurrent diarrhea, with no red flag symptoms or signs, use established clinical criteria to make a positive diagnosis of irritable bowel syndrome (do not overinvestigate).**

**What you should study:**

- ✓ [Irritable bowel syndrome](#): In the clinic (annals of internal medicine): Irritable bowel syndrome (diagnosis, treatment, practice improvement, Patient information)
- ✓ [Les contaminants des aliments](#) (le medecin du Quebec)

**7. In patients with chronic or recurrent diarrhea, look for both gastro-intestinal and non-gastro-intestinal symptoms and signs suggestive of specific diseases (e.g., inflammatory bowel disease, malabsorption syndromes, and compromised immune system).**

**What you should study:**

- ✓ [“Diarrhee chronique: pas de panique!”: Le medecin du Quebec](#)
- ✓ [Maladies inflammatoires de l’intestine](#)

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>✓ <a href="#"><u>Maladie coeliaque ou intolerance: Le medicine du quebec. 2015;</u></a></li><li>✓ <a href="#"><u>Celiac disease in adults: PBSG</u></a></li><li>✓ <a href="#"><u>Immuno-deficiencies and diarrhea</u></a> or<br/><a href="http://www.medscape.com/viewarticle/810752"><u>http://www.medscape.com/viewarticle/810752</u></a></li></ul> |  |
|---|--|