

Chronic loose stools

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Chronic loose stool definition:

Chronic loose stool is the passage of 3 or more loose or liquid stools in a 24 hour period, for more than 2 weeks (excluding runny stools in breastfed babies).

Causes include:

- transient self-resolving loose stool (most common)
- functional diarrhoea (>4 weeks duration, >4 loose stools per day without faltering growth)
 - preschool children: “Toddler diarrhoea”
 - older children (Irritable bowel syndrome if associated with abdominal pain)
- overflow diarrhoea (secondary to chronic constipation)
- coeliac disease
- transient post-infectious lactose intolerance
- gastrointestinal infection (uncommon without relevant travel history)
- inflammatory bowel disease (rare especially in absence of faltering growth and/or anaemia).

History should include:

- food and symptom diary
- previous stool pattern
- triggers including preceding acute gastrointestinal infection
- presence of other gastrointestinal and/or systemic symptoms
- dietary, travel and allergy history.

Examination must include assessment of growth, hydration and nutritional status. Exclude excessive fluid intake as a cause.

In most cases of chronic loose stools, in absence of weight loss, no further investigation is required - provide follow up to review trend of symptoms and satisfactory growth.

If uncommon causes are considered, investigations may include:

- stool cultures for parasites and enteric viruses (if relevant history present)
- blood tests may include full blood count, thyroid function, coeliac disease, liver function (including albumin), ferritin, CRP
- faecal calprotectin in children should only be done under direct guidance of specialist advice (paediatric or paediatric gastroenterology).

Management in primary care:

Functional diarrhoea:

- avoid low fat diet
- eliminate refined sugars and sweeteners (i.e. sweets, fruit juices)
- avoid excessive fruit or fluid intake
- avoid excessive or restricted fibre intake

Irritable bowel syndrome - diarrhoea subtype

- symptom management may include a trial of stool bulking (e.g. fybogel) and antispasmodic for pain (e.g. buscopan). Anxiety may also be a potential trigger
- food triggers: a food diary can be helpful. Trial of food exclusion for suspected triggers may be helpful, but reintroduction following a period of elimination is important to confirm. Excessively restrictive diets may be harmful. Unlike in adults, FODMAP diets are not routinely recommended - please refer for dietitian support if considering this.

Post-infectious lactose intolerance

- Usually transient (6-8 weeks post- gastrointestinal infection) but may last up to 6 months. Diagnosis and treatment is lactose-free diet, with reintroduction plan after 8 weeks.

Use of probiotics:

- There is no evidence to recommend the use of probiotics other than in acute gastroenteritis, but also no evidence of harm.

Please refer urgently if any of the following red flag symptoms are present:

Faltering growth/ weight loss

Presence of persistent blood and mucous discharge in stools

Nocturnal stooling

Persistent pyrexia/ skin/ joint manifestations suggesting possible systemic diseases or immunodeficiency

Information for primary care

Rome IV diagnostic criteria for IBS and functional diarrhoea: [Rome IV Criteria - Rome Foundation](#)

ESPGHAN recommendations for use of probiotics for gastrointestinal conditions in childhood:

https://www.espghan.org/dam/jcr:299e3330-b1b6-4940-aa72-786501bfff1/2023_Probiotics%20for%20the%20Management%20of%20Pediatric%20Gastrointestinal%20Disorders:%20Position%20Paper%20of%20the%20ESPGHAN%20Special%20Interest%20Group%20on%20Gut%20Microbiota%20and%20Modifications.pdf

Information leaflets for family

<https://eric.org.uk/childrens-bowels/>

<https://patient.info/childrens-health/acute-diarrhoea-in-children/toddlers-diarrhoea>

<https://www.nottsapc.nhs.uk/media/qxzdgro0/lactose-intolerance-pil-for-secondary-intolerance.pdf>

If referring back, please state that the referral has already been through Advice and Guidance and include a copy of the previous correspondence, to ensure we don't duplicate advice.

Please complete and send the referral pro-forma.

With kind regards,

[Clinician name and role]