

Diarrhea Symptoms in Adults with Cancer

Screening and Assessment (Screen for constipation at each visit)

Assessment using Acronym O, P, Q, R, S, T, U and V (adapted from Fraser Health)

Onset	When did the diarrhea begin? How long does it last?
Provoking / Palliating	What may be causing the diarrhea? What makes it better? What makes it worse (eg: medications, cancer treatments, diet changes, changes in amount of food or fluid eaten)?
Quality	How would you describe your stools (eg: colour, hardness or softness, odour, amount)? Is there blood or mucous with the stool? Is the stool oily? Do you feel an urgency to go to the bathroom? (Tools: Victoria Bowel Performance Scale and the Bristol Stool Chart)
Related Symptoms	Is there any discomfort associated with the diarrhea? Where do you feel this discomfort? Can you describe it? Do you have any abdominal bloating? Do you have lots of gas? Do you have any other symptoms (eg: nausea, vomiting, loss of appetite, thirst, fatigue, weakness, fever, feeling like your rectum is not empty after a bowel movement, painful skin around the anus)?
Severity	How often do you have diarrhea? Does it come and go? When do you have diarrhea? Does it ever occur at night? Do you have accidents? How frequent are your bowel movements when you have diarrhea?
Treatment	What have you taken to treat the diarrhea? Do you have any side effects from the medications or treatments for the diarrhea? What have you tried in the past? What tests have been done for the diarrhea?
Understanding / Impact on You	How does the diarrhea affect your life? How bothered are you by it?
Values	What are your normal bowel habits? What does the diarrhea mean to you? Has it affected you and your family or caregiver?

- Physical assessment should include vital signs, functional ability, hydration status, cognitive status, abdominal exam, rectal exam and neurological exam if a spinal cord or cauda equine lesion is suspected.
- Consider abdominal x-rays if bowel obstruction or severe stool loading of the colon is suspected.

Interventions for all patients, as appropriate

- Identifying the underlying etiology of diarrhea is essential in determining the interventions required.
- Consider performance status, fluid intake, diet, physical activity and lifestyle when managing diarrhea.

Non-Pharmacological Interventions

PPS Stable, Transitional and End of Life (30-100%)

Diet

- Eat small frequent meals
- Limit caffeine, fried, greasy foods and foods high in lactose.
- Avoid sorbitol containing foods (e.g., sugar-free gum and sugar-free candy).
- Limit/avoid foods high in insoluble fiber (e.g., wheat bran, fruit skins and root vegetable skins, nuts and seeds, dark leafy greens and legumes such as dried peas).
- Include foods high in soluble fibre (barley, potatoes, bananas and applesauce).
- Avoid hyper-osmotic liquids (fruit drinks and sodas). Dilute fruit juices with water.

Fluid Intake

- Parenteral hydration may be required for severe diarrhea
- Provide fluids orally, if dehydration is not severe:
 - An [oral rehydration solution](#) can be prepared by mixing 1/2 teaspoon salt and 6 level teaspoons sugar in 1 litre of tap water.
 - Commercially available [oral rehydration solutions](#) containing appropriate amounts of sodium, potassium and glucose can be used.

PPS Stable, Transitional and End of Life (10-100%)

Quality of Life

- Persistent diarrhea can have severe effects on image, mood and relationships.
- Attention must be paid to understanding the emotional impact from the patient's perspective.
- Offer practical strategies to assist with coping:
 - Carefully plan all outings.
 - Carry a change of clothes.
 - Know the location of restrooms.
 - Use absorbent undergarments.

Life style

- Take steps to prevent skin excoriation
 - Good skin hygiene:
 - Use mild soap
 - Consider sitz bath
 - Apply a skin barrier product
- Hydrocolloid dressings may be used as a physical barrier to protect excoriated skin.

PPS End of Life (10-20%)

- Exercise good clinical judgment regarding the burden and benefits of parenteral fluids for the individual patient.

Diarrhea in Adults with Cancer: Care Map

Pharmacological Interventions

- The recommendations below are based on low level evidence and consensus due to limited available research.
- Consider etiology of diarrhea before initiating any pharmacologic treatments
- Ask the patient whether he/she is using non-traditional or alternative therapies for bowel management to be aware of what they are using and to consider potential drug interactions and toxicities.

- A single liquid or loose stool usually does not require intervention.
- A single drug should be used for diarrhea and care should be taken to avoid sub-therapeutic doses.
- If the perianal skin is inflamed or excoriated, use a topical corticosteroid cream for 1-2 days.

Recommended first line agents

- Loperamide (2 mg tablets; 2 mg/15 ml solution) is the preferred first-line anti-diarrheal agent:
 - 2 mg orally after each loose stool, up to 16 mg per day.
 - For chronic diarrhea, a regular bid dose can be used, based on the effective 24-hour dose, plus 2 mg after each loose bowel movement, up to 32 mg per day total.

Recommended second line agents

- Diphenoxylate/atropine (2.5/0.025 mg tablets):
 - 1-2 tablets orally as needed, up to 4 times per day (maximum 20 mg diphenoxylate per day).
 - Titrate dose down once diarrhea controlled, to determine the maintenance dose.

Recommended third line agents

- Opioids – consider if the patient is not currently on an opioid for other indications.
- Octreotide 50-600 mcg per day subcutaneously (dosed bid or tid) for severe, refractory diarrhea.

- For Clostridium difficile diarrhea use metronidazole 500 mg orally tid for 2 weeks.

For full references and more information please refer to CCO's [Symptom Management Guide-to-Practice](#) document.

Disclaimer: Care has been taken in the preparation of the information contained in this Algorithm document. Nonetheless, any person seeking to apply or consult the guidance for practice document is expected to use independent clinical judgment and skills in the context of individual clinical circumstances or seek out the supervision of a qualified specialist clinician. Cancer Care Ontario makes no representation or warranties of any kind whatsoever regarding their content or use or application and disclaims any responsibility for their application or use in any way.