chapter 62

Antidiarrheals

Objectives

AFTER STUDYING THIS CHAPTER, THE STUDENT WILL BE ABLE TO:

1. Identify clients at risk for development of diarrhea.
2. Discuss guidelines for assessing diarrhea.
3. Describe types of diarrhea in which antidiarrheal drug therapy may be indicated.
4. Differentiate the major types of antidiarrheal drugs.
5. Discuss characteristics, effects, and nursing process implications of commonly used antidiarrheal agents.

Critical Thinking Scenario

John Finney, a 32-year-old client with acquired immunodeficiency syndrome, is admitted to your medical unit for management of severe diarrhea. He reports having 12 to 20 liquid stools per day and feeling weak and dizzy when he gets up. This current bout of diarrhea has been continuing for 6 days, during which he has lost 18 pounds. Diphenoxylate (Lomotil) and IV fluids are ordered.

Reflect on:

- The physiologic effects of severe diarrhea.
- The impact of severe diarrhea on a person's ability to carry out normal activities.
- Appropriate nursing assessments and interventions while diarrhea continues.
- How diphenoxylate (Lomotil) works to decrease diarrhea.

OVERVIEW

Antidiarrheal drugs are used to treat diarrhea, defined as the frequent expulsion of liquid or semiliquid stools. Diarrhea is a symptom of numerous conditions that increase bowel motility, cause secretion or retention of fluids in the intestinal lumen, and cause inflammation or irritation of the gastrointestinal (GI) tract. As a result, bowel contents are rapidly propelled toward the rectum, and absorption of fluids and electrolytes is limited. Some causes of diarrhea include the following:

1. Excessive use of laxatives
2. Intestinal infections with viruses, bacteria, or protozoa. A common source of infection is ingestion of food or fluid contaminated by *Salmonella*, *Shigella*, or *Staphylococcus* microorganisms. So-called *travelers' diarrhea* is usually caused by an enteropathogenic strain of *Escherichia coli.*
3. Undigested, coarse, or highly spiced food in the GI tract. The food acts as an irritant and attracts fluids in a defensive attempt to dilute the irritating agent. This may result from inadequate chewing of food or lack of digestive enzymes.
4. Lack of digestive enzymes. Deficiency of pancreatic enzymes inhibits digestion and absorption of carbohydrates, proteins, and fats. Deficiency of lactase, which breaks down lactose to simple sugars (ie, glucose and galactose) that can be absorbed by GI mucosa, inhibits digestion of milk and milk products. Lactase deficiency commonly occurs among people of African and Asian descent.
5. Inflammatory bowel disorders, such as gastroenteritis, diverticulitis, ulcerative colitis, and Crohn's disease. In these disorders, the inflamed mucous membrane secretes large amounts of fluids into the intestinal lumen, along with mucus, proteins, and blood, and absorption of water and electrolytes is impaired. In addition, when the ileum is diseased or a portion is surgically excised, large amounts of bile salts reach the colon, where they act as cathartics and cause diarrhea. Bile salts are normally reabsorbed from the ileum.