

Recommendations developed for evaluating chronic diarrhea

27 September 2019



not recommended for patients presenting with chronic diarrhea with no travel history to, or recent immigration from, high-risk areas. The AGA suggests testing for [celiac disease](#) with immunoglobulin A (IgA) tissue transglutaminase and, in the setting of IgA deficiency, providing a second test for celiac disease. Bile acid diarrhea should be tested for in chronic diarrhea. The AGA makes no recommendation for the use of currently available serologic tests for irritable bowel syndrome diagnosis in patients presenting with watery diarrhea.

"The AGA guideline on evaluation of chronic diarrhea is intended to reduce practice variation and promote high-quality and high-value care for this patient population" Smalley said in a statement.

More information: [Abstract/Full Text](#)

(HealthDay)—In new American Gastroenterological Association (AGA) clinical practice guidelines, published in the September issue of *Gastroenterology*, recommendations are presented for laboratory evaluation of chronic watery diarrhea.

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Walter Smalley, M.D., M.P.H., from the Vanderbilt University School of Medicine in Nashville, Tennessee, and colleagues developed recommendations for the evaluation of immunocompetent patients with watery diarrhea of at least four weeks' duration.

The AGA recommends use of either fecal calprotectin or fecal lactoferrin for screening for [inflammatory bowel disease](#) in patients presenting with chronic diarrhea. Erythrocyte sedimentation rate or C-reactive protein should not be used for inflammatory bowel disease screening in patients presenting with chronic diarrhea. The AGA recommends testing for *Giardia* in patients with chronic diarrhea. Testing for ova and parasites is

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