The Guideline on Acute Diarrhoea published by the Dutch College of General Practitioners (NHG) provides recommendations for diagnosing and treating acute (presumably infectious) diarrhoea. It rightly devotes much attention to effective rehydration with ORS of dehydrated patients or patients at increased risk of dehydration, as this is a delicate and intensive approach for patients and their carers. The use of ORS is limited in practice by its unpleasant taste, but there are less unpleasant variants available. Recommendations concerning loperamide are cautious, much more so than those in the Dutch Informatorium Medicamentorum10 and Kinderformulary11, which recommend a lower age limit of three years for safe use. In view of the serious side-effects that may occur, this caution is justified, and one might even ask whether the recommendations should not have been even more cautious, the more so since there is rarely an indication for use of this agent by children. Instead of prescribing loperamide, the family doctor can recommend it as a self-care product, to reduce costs. The ‘Website of the month’ section of this issue is devoted to a website about loperamide: www.imodium.nl (Gebu 2015; 49: 25).

The efficacy of probiotics in the treatment of acute antibiotic-induced diarrhoea has not been proven (Gebu 2014; 48: 23-24). The use of the over-the-counter astringent gelatin tannate, a mixture of gelatin and tannic acid (Tasectan®), has been criticised before because of the lack of evidence for its efficacy (Gebu 2013; 47: 110). Activated coal is being used as a universal antidote for nearly all auto-intoxications, as it prevents absorption of nearly all drugs. Hence, the warning against the use of this agent could have been phrased in stronger terms.

If there is an indication for prescribing antibiotics to a child, the family doctor should also consult a paediatrician. There is rarely a need to prescribe antibiotics, and the guideline recommends azitromycin if an antibiotic is required. However, azitromycin is associated with an increased risk of cardiovascular side-effects and cardiac death (Gebu 2013; 47: 21-22). Since no randomised trials are available to support its use, the decision will have to be made by each individual doctor.

A recently published Dutch case-control study found that healthy children are often carriers of Dientamoeba fragilis without experiencing any complaints.12 It is therefore questionable whether the presence of this parasite in faeces should be an indication for treatment.

References*

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*The literature refers to the Dutch tekst*