

## Travellers' diarrhoea

### *Authors:*

*Dr Mike Townend, MB, ChB (Hons), Diploma in Travel Medicine, Fellow of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons, Glasgow. Executive Committee Member of the British Travel Health Association and member of the International Society of Travel Medicine and the International Society for Mountain Medicine.*

*Dr Iain McIntosh BA(Hons) MB, ChB, DGMRCGP, Fellow of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons, Glasgow. Executive Committee member and former Chairman of the British Travel Health Association and member of the International Society of Travel Medicine.*

Global travellers are affected by acute episodes of travel related diarrhoeal illness (TRD) and gastrointestinal disease is the most frequent health problem to afflict tourists<sup>1</sup>. TRD affects 1 million people annually and attacks up to 50% of holiday makers<sup>2,3</sup>. Many returning travelers are still infected and they swell the number of people seeking treatment from GPs.

Acute non travel related diarrhoea (NTRD) of presumed infective origin affects 20% of England's population annually, resulting in 3.4 million professional consultations. 1 in 6 seek GP treatment<sup>5</sup>. About 6% of adults report an acute occurrence of diarrhoea in a preceding two week period, when living at home<sup>6</sup>. Over 2 million prescriptions are written for diarrhoeal management annually.

Professional management of acute episodic diarrhoea varies greatly and GPs and practice nurses often delay therapeutic intervention, or limit prescription of appropriate medication. Treatment guidelines can be inconsistent with emphasis on rehydration and a restricted role for anti-motility agents. Gut motility modifying agents can be used, unless the patient is suffering from bloody diarrhoea<sup>5</sup>. Inappropriate, or delayed, treatment and failure to prescribe appropriate anti-diarrhoeal agents can mean the illness is unnecessarily prolonged.

Travellers' diarrhoea may be defined as having three or more loose, unformed stools over a 24 hour period and occurring during or soon after travel and associated with one or more of the following symptoms (in descending order of frequency):

- Abdominal cramps
- Nausea
- Fever
- Blood in the stools
- Vomiting

In 90% of travellers the symptoms appear within the first two weeks of travel<sup>4</sup>, though its onset may be at any time during travel or within a few days of returning home. Its duration may be as brief as 24 hours but its mean duration is about four days. It occurs most frequently in travellers from developed countries who travel to less developed areas.