



Traveler's Diarrhea Treatment

Whereas diarrhea in the United States is usually caused by a virus, traveler's diarrhea (TD) is most often caused by bacteria, including e. coli, campylobacter, salmonella, shigella, and vibrio cholerae. Symptoms include loose, watery diarrhea; abdominal cramps; loss of appetite; and, in some cases, nausea and vomiting. Travelers to areas with moderate or high-risk for TD are often given prescriptions for antibiotics and antimotility agents to treat TD.

Some research indicates that bismuth subsalicylate (BSS, e.g. Pepto-Bismol), either 2 oz. liquid or two chewable tablets, taken four times daily during the stay reduces the incidence of TD. Travelers with allergy to aspirin, kidney disease, or gout, or those taking anticoagulants, probenecid, or methotrexate, should not use BSS. This medication causes blackening of the tongue and stools.

The most important treatment for TD is fluid replacement to prevent dehydration. Travelers with mild diarrhea can take sips of fluids containing sugar and salt, such as non-citrus fruit juices, broth, or similar fluids. Severe diarrhea should be treated with oral rehydration solution, which replaces electrolytes. Packets of solution, to be mixed with clean water, are available in pharmacies in most countries. A similar solution can be made by adding 1/2 teaspoon of salt, 1/2 teaspoon of baking soda, and 4 tablespoons of sugar to one liter of water. Sports drinks (e.g. Gatorade) are not equivalent.

Eat if you are hungry, but avoid milk and dairy products, deep fried, fatty and spicy foods, tomatoes, citrus fruit/juices.

If you have three or more loose stools in less than eight hours, your intestinal tract is empty. If diarrhea continues, start medication.

Begin taking two Imodium (Loperamide hydrochloride), then one additional after each additional loose stool, up to a total of eight in 24 hours. Remember that this works by slowing the motility in the intestines, allowing water to be re-absorbed. Do not take this medication if you have a fever! Stop this medicine as soon as your stools start to become firm.

If symptoms persist and you were prescribed an antibiotic for self-treatment during your travel, begin taking it as directed on the label.

If symptoms continue for several days despite medications, consult a physician.

If you have a high fever, severe abdominal pain or blood in the stools, seek medical attention and do not try to self-medicate. Do not use the antibiotics if you have nausea and vomiting without diarrhea.

Women using oral contraceptives should use a back-up birth control method for that cycle if the diarrhea lasts more than a day or if an antibiotic is taken.

References

*Centers for Disease Control and Prevention (CDC), Travelers' Health web site: <http://wwwnc.cdc.gov/travel/>
Shoreland's Travel Health Online, Web site at: <https://www.tripprep.com/scripts/main/default.asp>
McKinley Health Center, Standing order per Immunization and Travel Clinic physicians.*

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: <http://www.mckinley.illinois.edu>