

# Treating Diarrhoea in Nepal

Dr Matt Ladbrook, Spring 2009

## The treatment rationale

- treating diarrhoea in travellers in Nepal is different to treating diarrhoea at home
- the majority of cases in travellers are caused by a treatable pathogen
- 'waiting it out' is not a popular option when in the middle of a strenuous high altitude trek!  
→ diarrhoea should be treated promptly with antibiotics in all but mild cases

## Research in Nepal

- 90% of diarrhoea cases are bacterial in origin
  - Campylobacter (35%)
  - enterotoxigenic E coli (ETEC, 30%)
- of the parasitic causes, Giardia is the most common
- Giardia will often recur if treated with a single dose of Tinidazole, thus a 2-day course is recommended
- there is significant resistance to Metronidazole so it is NOT recommended.
- there is some recorded resistance to Tinidazole; the next line treatment is Quinacrine (imported from the US)
- amoebic dysentery is very uncommon (< 0.5%) and is treated with 3 days of Tinidazole
- Cyclospora is very rare outside of monsoon season (treatment is with Bactrim DS BD for 10 days)

## Diagnosis

- trying to match symptoms to aetiology was useless
- e.g. 'eggy burps' were more common in patients with Campylobacter than Giardia
- if a local has longstanding diarrhoea with weight loss, the differential diagnosis includes protozoa, TB or tapeworm!

## Treatment

