



Ask Doctor Dr Karuhanga



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Why won't my diarrhoea stop even after taking antibiotics?

I have lived with diabetes for more than 10 years, which I have managed with medication. However, for the past two months, I have had diarrhoea, which has persisted, even after taking strong antibiotics such as Clavulin. What could be the cause? Magino N

Dear Magino,

Diarrhoea is the passage of loose, watery stools more frequently than normal, usually occurring three or more times a day. While diarrhoea can be inconvenient and may lead to serious medical complications such as dehydration and nutritional deficiencies if it persists for an extended period, it can also serve a short-term purpose by helping to expel germs or toxins from the body, promoting overall health.

Anyone can experience diarrhoea occasionally, typically due to infections in the intestines caused by bacteria (such as *E. coli* or typhoid), viruses (such as rotavirus), or parasites (such as amoebas) that are often acquired through contaminated food or water. Other common causes



include poor food digestion or absorption, diseases such as irritable bowel syndrome, and side effects from certain medications, including Clavulin.

For individuals with diabetes, persistent diarrhoea may be linked to complications such as diabetic nerve damage (autonomic neuropathy), bacterial overgrowth, or insufficient pancreatic enzyme production. Other potential causes could include coeliac disease, which is associated with type 1 diabetes, as well as diabetic medications such as metformin and gliptins, and sweeteners such as sorbitol.

Diabetic diarrhoea is usually painless and may occur regularly or alternate with normal bowel habits or constipation. It often happens at night and can lead to fecal incontinence in some individuals, meaning they may

inadvertently soil themselves due to an inability to hold stool. Treating diarrhoea in diabetics requires accurate diagnosis to identify the underlying cause, which is crucial for effective management. It is important to differentiate diabetic diarrhoea from other types that may affect both diabetic and non-diabetic patients.

Dehydration is a significant risk for anyone experiencing diarrhoea, making it essential to replace lost fluids by drinking plenty of water. Probiotics and dietary changes are also recommended. Medical interventions may include antibiotics for infections, proper management of diabetes, adjustments to diabetes medications such as metformin, or the use of antidiarrheal agents under the guidance of a doctor.

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