UK and Ireland Neuroendocrine Tumour Society

UKINETs Bitesize Guidance- Management of Bile Acid Diarrhoea (BAD) in Patients with Gastroenteropancreatic Neuroendocrine Neoplasms

Patients should be screened for malnutrition using a validated nutrition risk screening tool. Patients at risk should be referred to a dietitian. Specialist dietitian or clinical nurse specialist input is recommended alongside this guidance.

Risk Factors

- Gastrointestinal and HPB surgeries: ileal resection, right hemicolectomy, gastric resection, pancreatic resection, choecystectomy
- Small intestinal bacterial overgrowth
- Microscopic colitis
- Pelvic radiation
- Crohn's disease
- Enteropathy

BAD is reported in up to 80% of Gastroenteropancreatic NET patients.

Symptoms

- Increased stool frequency
- Loose, unformed stools. May be watery and/or explosive
- Urgency
- Nocturnal defecation
- Flatulence
- Bloating
- Borborygmi
- Incontinence
- Abdominal pain

Diagnosis

SeHCAT scan. A therapeutic trial of bile acid sequestrants may be considered where SeHCAT scan unavailable, or if very long wait for testing. A result of >20% is normal.

Treatment

Assess degree of symptoms and treat each patient individually. Consider SeHCAT scan result/degree

	Borderline 15-20%	Mild BAD 10-14.9%	Moderate BAD 5-9.9%	Severe BAD 0-4.9%
Medical management		Bile acid sequestrants may be trialled * If not tolerated or symptoms continue despite increasing dosing, consider alternative product **	Bile acid sequestrants are recommended* If not tolerated or symptoms continue despite increasing dosing, consider alternative product **	Bile acid sequestrants are recommended * If not tolerated or symptoms continue despite increasing dosing, consider alternative product **
Dietary Management	Refer to dietitian to consider low fat diet	A low-fat diet alone may be adequate - refer to dietitian. Where bile acid sequestrant medication is not initiated, tolerated, or doesn not relieve symptoms, refer to a dietitian.	Where bile acid sequestrant medication is not tolerated, or bile acid squestrant medication does not relieve symptoms, refer to a dietitian.	Where bile acid sequestrant medication is not tolerated, or bile acid squestrant medication does not relieve symptoms, refer to a dietitian.

*Refer to BNF guidance on dosage and advise on interactions/separation of administration. In complex cases contact a pharmacist to support managing medication timings. Pancreatic enzyme replacement therapy is not affected by bile acid sequestration.
** Colesevelam may be more palatable and may have improved gastrointestinal tolerance than Colestyramine however is used off licence.

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Bile acid sequestrants interfere with absorption of fat-soluble vitamins and folic acid. Consider a multivitamin and mineral supplement. Refer to UKINETS Bitesize Micronutrient Guidance for advice on individual vitamins.

Dietary advice

A low fat diet (<20% of energy) can improve symptoms but should only be provided by a dietitian. Patients who follow a low fat diet may require fat supplementation using medium-chain triglycerides as these do not require bile acids for solubilisation. Consider intake of essential fatty acids.

References

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