Classification		Drug	Mode of action	Indications	Notes
Antidiarrheals	adsorbents	activated charcoal	drugs with large surface area and strong	acute diarrhea	use of recommended doses (grams/day) necessary for effective therapy
					children from 3 years
			adsorption properties = binding of bacterial	alimentary	significant drug-drug interaction with co-administered drugs
		diosmectite	toxins and intestinal gases + covers intestinal	poisoning	not absorbed from GIT
			mucosa and protects it from irritation		the most common AE = constipation
					children from 2 years
	antimotilics	loperamide	agonists of opioid receptors in the enteric circuitry = deceleration of peristaltics and intestinal passage	acute and chronic diarrhea	CI in kids to 2 years because of risk of respiratory depression
					significant first pass effect = low bioavailability
					increases tonus of anal sphincter = decrease of incontinence
		diphenoxylate			Cl in kids to 2 years because of risk of respiratory depression
					bioavailability app. 90%, but without systemic opioid effects
					combined with atropine
	intestinal antiseptics	chloroxine	exact mode is unknown, bacteriostatic, fungistatic and antiprotozoal effects described	diarrhea with probable infectious etiology	for use in patient with b.w. over 40 kg
					duration of therapy 2-3 days (7-10 days in amoebic dysentery)
					low bioavailability = local effect in GIT
					minimum of AE
	local ATBs	rifaximin	inhibition of DNA dependent RNA polymerase	acute diarrhea of	not absorbed from GIT
					broad-spectrum ATB against most of intestinal bacterial pathogens
					also used in hepatic encephalopathy and prior abdominal surgery
		nifuroxazide	interferes with nucleic acid synthesis and bacterial metabolism	bacterial etiology	not absorbed from GIT
					broad-spectrum ATB against most of intestinal bacterial pathogens
					without negative influence on intestinal microflora and resistance development
	other	racecadotril	enkephalinase inhibitor = decreased hypersecretion into intestines	acute diarrhea with impossible	absorbed from GIT, active only in gut after oral use
					doesn't influence time of intestinal transit time
				causal therapy	in kids from 3 months
Additional therapy of diarrhea		simeticone	decrease the surface tension and prevents	flatulence	not absorbed from GIT
		dimeticone	formation of foam in GIT		minimum of AE
		probiotics	enrichment/supplementation of gut	prevention of ATB induced diarrhea	selected strains of Lactobacillus, Bifidobacteria and Enterococci
			microflora with suitable bacterial strains		can also have positive effect on immunity, decrease risk of colon carcinoma etc.
		prebiotics	oligo and polysaccharides stimulating natural		selective nutrients for required strains of bacterial microflora
			intestinal microflora		usually for selective support of Lactobacilli and Bifidobacteria
Nonspecific therapy	rehydration, remineralization (NaCl, sodium citrate, potassium chloride), dietary supplements with glucose, black tea (astringents), low fat diet				