- Diarrhea remains an important clinical concern for patients with HIV; noninfectious diarrhea is a known adverse event of cART and HIV enteropathy
- FDA-approved cART prescribing information should not be the sole source of information for healthcare professionals on diarrhea incidence in patients with HIV
- Clinicians should question all patients initiating any cART about their personal experiences with loose, watery stools, subsequent to initiating the regimen
- Successful management of diarrhea in patients with HIV has numerous important potential benefits, including improving adherence to cART, nutritional status, weight control, and quality of life
- As a general rule, patients should be reassessed for benefit—quantitatively and qualitatively—at each stage of "treatment" at 1 month post-initiation to avoid continued use of ineffective therapies and to decrease the likelihood of ARTs being discontinued
- If diet modifications do not resolve noninfectious diarrhea in HIV patients, clinicians should consider loperamide followed by crofelemer; they are encouraged to review the current literature, not rely upon prescribing information

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