

Understanding childhood constipation



Advice for parents, carers and healthcare professionals

Introduction



Constipation is a common problem in childhood. It can develop for a number of reasons and not usually because there is anything physically wrong with your child.

Constipation can be distressing for both you and your child, and although it is natural to be concerned, it is not usually serious and does not mean that they will get bowel problems later in life. There are many effective treatment options available to make your child feel better, particularly if treated early.

Many children get temporary constipation that may last a few days and then gets better. This is quite normal and is nothing to worry about. However, if constipation persists and does not get better, you may find this leaflet a help.

This leaflet is designed to help you find out more about constipation in children, what may be causing it, what can be done to help cure it and most importantly, what can be done to help prevent it from coming back.

This leaflet is intended for information only. You should visit your doctor, health visitor or school nurse if you are at all concerned, if the constipation is persistent or causing distress to your child, or if your child is passing blood. You should not wait before seeking help, as the problem can get worse if you wait.

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What is constipation?

Constipation occurs when your child does not pass a bowel movement (stool) often enough. Then, when they do a poo it can hurt because the stools have become hard and dry. However, there are also some children who appear to be doing a poo every day, but they are not emptying their bowel properly and only passing small amounts of stool. These children can also be suffering from constipation.

Definition of constipation (without soiling)

Infrequent passing of stools (less than 3 times per week) that are often small, hard and pellet-like

Excessive straining

Excessive stool hardness

Pain on passing stools

Your child may need some help to restore natural bowel rhythms and prevent the constipation from coming back.

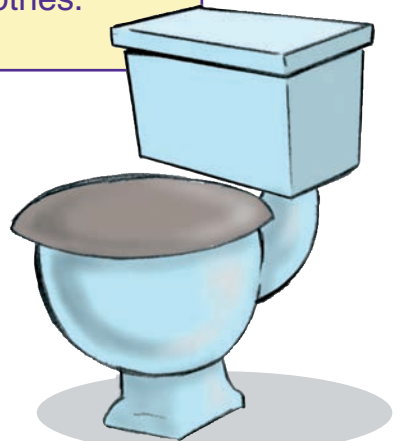
What is faecal impaction?

Definition of faecal impaction (with soiling)

When there is no adequate bowel movement for several days or weeks, a large compacted mass of faeces builds up in the rectum and/or colon which cannot be easily passed by the child.

Symptoms include failing to pass a stool for several days followed by a large, often painful or distressing bowel motion.

Between bowel movements, children with faecal impaction often soil their underclothes.

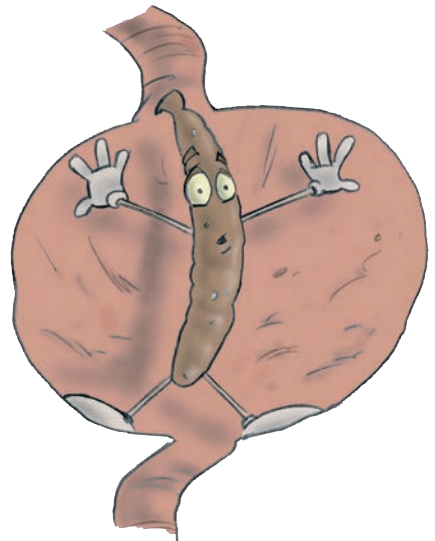


How common is constipation in children?

Many children get constipation from time to time for a variety of reasons and not usually because there is anything physically wrong with them.

In fact, up to 10% of children are thought to suffer from constipation at any one time¹

- About one-third of 4 to 7 year olds are constipated at any one time²
- 5% of primary school children get constipation for more than 6 months³
- Chronic constipation is most common in children between the ages of 2 and 4 when they are potty training⁴
- In about 25% of cases, constipation starts when the child is still a baby⁴



How to tell if your child may be constipated

Some signs to look out for are:

- Fewer bowel movements than normal (less than 3 times per week)
- Pain and straining when passing stools
- Tummy ache
- Small, dry, hard stools
- Avoiding the toilet
- Not having an urge to do a poo
- Feeling that a bowel movement isn't finished
- Sore bottom
- Unpleasant smell
- Dribbling urine
- Leaking of liquid or loose stools

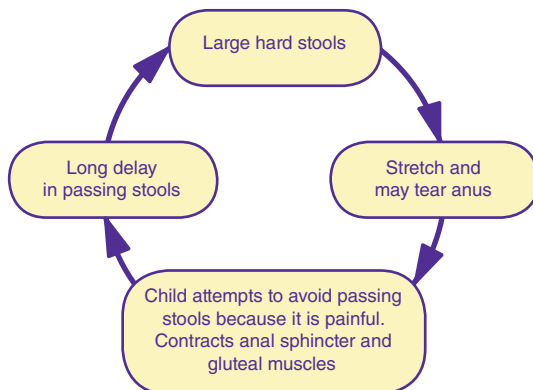
Constipation can be very uncomfortable for your child and they may complain of a tummy ache or say that doing a poo hurts.

How constipation develops

The causes of constipation may differ from child to child and there may be a combination of factors contributing to the problem. Constipation can happen suddenly (for example after a child has been unwell and not eaten or drunk properly for a few days) or it can happen slowly without anyone being aware that it is happening.

- For some children, just one painful experience of pushing out hard, dry stools can cause them to become afraid of doing a poo again
- This can get your child into the habit of avoiding going to the toilet in case it hurts. This is not the child's fault
- They start to hold in stools by tightening the muscles around the anus to keep it closed and put off the urge to poo

- This only makes the problem worse because:
 - The stools start to build up in the child's bowel
 - The stools become hard and more difficult and painful to push out
 - Your child may then put off the urge to go to the toilet for even longer
- The build up of stools in the rectum causes it to stretch making it harder for the child to feel the urge to poo
- The child may need to strain and find it hard to relax enough to do a poo making the constipation worse
- Large stools get stuck and block the child's bowel. Liquid stools above the blockage flow around it and the child may leak watery stools into their underwear

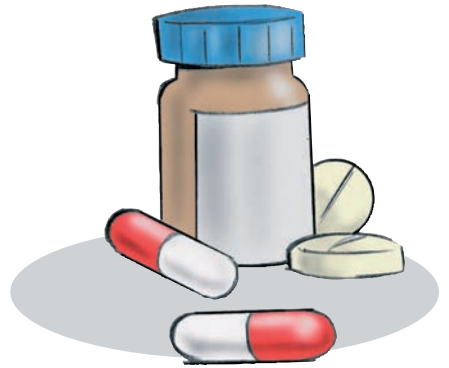


Risk factors for constipation

It is important to remember that these risk factors will differ from child to child and that a combination of factors may be involved in each individual case.

- **Dietary factors**– Not drinking enough water or eating enough high-fibre foods can cause stools to become dry and hard to pass
- **Holding in stools**– Sometimes your child can hold on too long because they feel embarrassed to use a public toilet, or the one available is dirty, uncomfortable or is not private (e.g. at school) or because they don't want to stop whatever they are doing (e.g. a game)
- **Changes in daily routine**– Changes in daily routine such as going on holiday, moving house, changing schools or changing formula milk type can all upset your child's natural bowel rhythm and cause constipation
- **Not enough exercise**– Lack of physical activity can cause your child's bowel to become more sluggish and lead to constipation

- **Constipation in your family**– If other family members suffer from constipation, this can increase your child's risk of becoming constipated
- **Medicines**– Some medicines can cause constipation, such as codeine, certain cough medicines, anticonvulsants (drugs to control seizures) and antihistamines (drugs for treating allergies)



Preventing and treating constipation

- Don't let your child wait to do a poo
- Give your child enough time so they don't feel rushed. Set aside a time each day for your child to sit on the toilet – perhaps after breakfast or lunch
- Make going to the toilet fun by keeping special treats reserved for the toilet, such as a favourite book or getting them to blow bubbles
- If your child says that it hurts to poo, tell them to stop trying and then try again later
- Encourage your child to get lots of active play to increase bowel activity

Increasing dietary fibre

Eating foods that are high in fibre increases the bulk of the stools, making them softer (by helping them to retain water) and easier to push out.

- Try to include a variety of high-fibre foods in the family's diet such as wholegrain cereals, wholegrain pasta and rice, wholemeal / granary breads and fruit and vegetables
- Include dried fruit and fruit eaten with skin on as well as vegetables, particularly beans, peas, sweet corn and pulses such as lentils

- For babies, try puréed fruit and vegetables

**How to calculate how much fibre (in grams)
your child should be eating per day**

Child's age in years + 5 grams for children older than 2 years

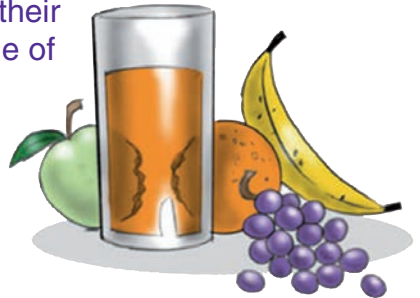
E.g. if your child is 7 years old, the calculation would be $7 + 5 = 12$

A 7 year old child should therefore be eating 12 g of fibre per day

Increasing fluid intake

Raising fluid intake increases the water content of the stools making them softer and easier to pass.

- Encourage your child to drink 6–8 glasses of water, squash and fruit juice, each day (approx. 2 pints / 1 litre)
- For school-age children, ask their teacher about bringing a bottle of water into school each day
- For babies, try giving boiled water in between feeds



Fibre Chart

Food	Portion Size	Fibre Content (grams)
Bread		
Brown	1 small slice	0.9
High fibre white	1 small slice	0.8
Hovis	1 small slice	0.8
Wholemeal	1 small slice	1.5
Wholemeal pitta bread	1 mini	1.8
Breakfast Cereals		
All-Bran	Average small bowl	7.2
Bran Buds	Average small bowl	6.6
Bran Flakes	Average small bowl	2.6
Corn Flakes	Average small bowl	0.2
Country Store	Average small bowl	1.2
Fruit 'n' Fibre	Average small bowl	1.4
Mini Shredded Wheat	Average small bowl	3.4
Muesli	Average small bowl	2.0
Raisin Splitz	Average small bowl	2.3
Sultana Bran	Average small bowl	2.0
Weetabix	1 biscuit	1.9
Biscuits and Pastry		
Cereal bar	1	1.0
Cracker (wholemeal)	1	0.4
Digestive (plain)	1	0.3

Food	Portion Size	Fibre Content (grams)
Gingernuts	1	0.2
Oat based biscuit	1	0.5
Oatcakes	1	0.7
Shortbread	1	0.2
Wholemeal scone	1 average size	2.6
Wholemeal fruit cake	Average slice	1.7
Fruit (raw)		
Avocado pear	1/2 pear	2.6
Banana	1 medium	1.1
Blackberries	10	1.5
Dates (dried)	5	3.0
Eating apples	1 small	1.3
Fruit cocktail (canned in juice)	Small bowl	1.2
Grapefruit	1/2	1.0
Grapes	10	0.6
Kiwi fruit	1 medium	1.1
Mango	1 slice	1.0
Melon (cantaloupe)	1 slice	1.5
Orange	1 small	2.0
Peach	1 small	1.1
Pear	1 medium	3.3
Pineapple	1 large slice	1.0

Fibre Chart

Food	Portion Size	Fibre Content (grams)
Fruit (raw) continued		
Plum	1 small	0.5
Prunes (dried)	5	2.3
Raisins	1 tablespoon	0.6
Raspberries	10	1.0
Strawberries	5	0.7
Sultanas	24	0.5
Tangerine	1 small	0.6
Nuts		
<i>Nuts should not be given to children under 5 years due to the risk of choking</i>		
Almonds	6 whole	1.0
Brazils	3 whole	0.6
Peanuts	10 whole	0.8
Peanut butter	Thickly spread on 1 slice of bread	1.4
Rice and Pasta		
Brown boiled rice	2 heaped tablespoons	0.6
Wholemeal spaghetti	3 tablespoons	3.1
Vegetables		
Baked beans	2 tablespoons	3.0
Beetroot	4 slices	0.8

Food	Portion Size	Fibre Content (grams)
Broad beans	2 tablespoons	7.8
Broccoli tops (raw)	2 spears	2.4
Butter beans	2 tablespoons	3.7
Cabbage	2 tablespoons	1.1
Carrots	2 tablespoons	2.0
Cauliflower	3 florets	0.5
Celery (raw)	1 stick	0.3
Chickpeas	2 tablespoons	2.9
Corn-on-the-cob	1 whole	2.7
Green pepper	2 sliced rings	0.3
Leeks	Stem, white portion only	1.1
Lentils split (boiled)	2 tablespoons	1.5
Oven chips	Small portion	1.2
Peas	2 tablespoons	3.0
Potatoes baked with skin	1 small	2.7
Potatoes (new)	2 average size	1.2
Red kidney beans	2 tablespoons	4.3
Spinach	2 tablespoons	1.7
Sweetcorn (canned)	2 tablespoons	0.9
Tomatoes (raw)	1 small	0.7
Turnip	1 tablespoon	0.8

Medicines for constipation

If your child has ongoing or chronic (long-term) constipation, try not to worry as there are various treatments that can help. However, these treatments can take a while to work, so try to be patient and follow the advice of your doctor.

- Your doctor will give you simple advice about how to help your child maintain healthy bowel function and avoid constipation in the future
- Your doctor may also need to prescribe laxative medicines to help your child's bowel work normally. These may need to be taken regularly for some time (often several months) before your child's bowels return to normal

There are various types of laxatives available which can be divided into different types depending on how they work:

Bulking agents

- Bulking agents absorb water and expand to fill the bowel with soft non-absorbable residue making the stools softer, bulkier and easier to push out
- Examples of bulking agents include plant fibre-containing products e.g. ispaghula husk. Commonly-used bulking agents include Fybogel® and Isogel®

Iso-osmotic agents

- This includes a medicine called macrogol 3350 and electrolytes (Movicol® Paediatric Plain)
- It is an effective and well-tolerated treatment, given as small volumes of a sugar-free (to protect children's teeth), palatable solution to which fruit juice can be added if desired. It contains a mixture of salts (electrolytes), specifically designed to minimise the risk of dehydration
- Movicol® Paediatric plain is an inert powder that passes through the body unchanged without being absorbed by the child's body. It works by carrying water to the stool to bulk, soften and lubricate it, encouraging a comfortable bowel movement



Stimulant laxatives

- Senna-containing stimulant laxatives are often prescribed. Senna is a natural ingredient that has been used for centuries as a constipation remedy with well-known efficacy and tolerability
- Stimulant laxatives include senna (Senokot®) and bisacodyl (Dulcolax®) which stimulate contractions of the muscles in the colon, shortening the time it takes waste material to pass through the bowel
- These take 8–12 hours to work and can be given orally or rectally as they work directly on the gut wall

Osmotic laxatives

- Inorganic osmotic laxatives – e.g. magnesium hydroxide BP, magnesium sulphate BP and sodium sulphate BP – work by drawing fluid from the body into the gut to add bulk to and soften the stool. They also promote the release of a natural enzyme which increases the movement of both the small and large intestine

- Organic osmotic laxatives, e.g. lactulose (Duphalac®), cannot be absorbed by the body. They work by drawing fluid from the body into the gut softening and increasing the bulk of the stool. These products can take up to 48 hours to act
- Macrogol 4000 (Idrolax®) works in a similar way to lactulose but may be faster in onset. It is not recommended for children under the age of eight or in cases of faecal impaction

Faecal softeners

- As the name suggests, these products ease the process of defecation by softening the stool and/or lubricating its passage through the anus
- Commonly used agents include liquid paraffin and docusate
- Liquid paraffin can cause oily staining of the underclothes, particularly in prolonged use in high doses



When should I take my child to see a healthcare professional?

Most children get constipated from time to time. However if your child has constipation that doesn't go away, they may need treatment to get back to normal.

You should visit your doctor, health visitor or school nurse if you are at all concerned, if the constipation is persistent or causing distress to your child, or if your child is passing blood. You should not wait before seeking help, as the problem can get worse if you wait.

Sometimes, more serious symptoms may occur in children with constipation. If you notice these in your child, you should see your doctor:

- Being irritable
- Loss of appetite
- Soiling of clothes
- Feeling sick
- Stomach pains

In a few cases, your child's constipation could be the result of a medical condition. Your doctor will be able to investigate the causes at your consultation.

Where can I get more information?

There are various organisations that can be useful sources of further information and advice on constipation:

Childhood Constipation

 www.childhoodconstipation.com

 N/A

 N/A

CORE Digestive Disorders Foundation

 www.digestivedisorders.org.uk
info@corecharity.org.uk

 020 7486 0341

 3 St Andrew's Place
London NW1 4LB

NHS direct

 www.nhsdirect.nhs.uk

 0845 4647

 N/A

Promoting Continence and Products Awareness (PromoCon)

 www.promocon.co.uk
promocon@disabledliving.co.uk


 0161 214 5959 (switchboard)
0161 834 2001 (helpline)

 Redbank House
4 St Chad's Street
Cheetham
Manchester M8 8QA

Education and Resources for Improving Childhood Continence (ERIC)

 www.eric.org.uk
info@eric.org.uk

 0117 960 3060

 34 Old School House
Britannia Road
Kingswood
Bristol BS15 6DB

It can be difficult to explain constipation to your child in their terms and to help them understand how they can help themselves. **“Talking about constipation”** by June Rogers MBE, Specialist Paediatric Continence Advisor, is a simple, informative leaflet that explains constipation in a child-friendly way.

To obtain your free leaflet **“Talking about constipation”**

An informative, yet child-friendly leaflet to help explain constipation to your child in their own terms

Call free on 0800 269865

References:

1. Candy DCA, Davies EG and Ross R. In: Clinical Paediatrics and Child Health. Edinburgh, WB Saunders, 2001.
2. Farrell M, Holmes G, Coldicutt P. Management of childhood constipation; parents' experiences. *Journal of Advanced Nursing* 2003; 44: 479–489.
3. Yong D, Beattie R. Normal bowel habit and prevalence of constipation in primary school children. *Ambulatory Child Health* 1998; 4:277–282.
4. Nelson R, Wagget J, Lennard-Jones J. Constipation and megacolon in children and adults. In: Diseases of the Gut and Pancreas. Blackwell Scientific, 1994: 843–864.

