

Helping children with constipation

Children vary in how often they 'open their bowels', and perfectly healthy children may not have to 'go' every day. But if it hurts your child to go to the toilet, or if he or she has to strain hard, then they may be constipated.

This issue of *Treatment Notes* describes what's normal. It also explains what can cause constipation in children and ways to treat it, including some tips about what you can do at home to help.

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What's normal?

Poo – or faeces – collects in the lowest part of the large bowel, called the rectum. This can stretch so that poo can be stored, ready for a bowel movement. Nerves sense when the rectum is getting full and tell the brain that it's time to go.

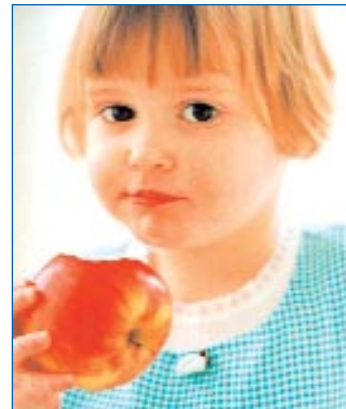
The size and hardness of poo varies a lot. It depends on many things, such as what you eat and drink and how fast your digestive system works – see the box (right) for more details. Most young children do a poo anything from once every other day to three times a day. So you shouldn't automatically be worried if your child isn't going every day – this can be completely normal.

What's constipation?

Pain or straining hard when doing a poo is a sign of constipation. This pain may make your child frightened to go to the toilet, making constipation even more likely – see *Withholding* on page 3.

Another sign of constipation is when a child who only occasionally goes to the toilet keeps soiling themselves

by accident (for example, dirties their pants or bed sheets). This happens when the rectum gets over-filled and blocked with solid poo, and only loose or watery poo can squeeze past. Sometimes this blockage can cause the rectum to get very swollen, which can also reduce the normal urge to go.



Food to poo

The food you eat has a long journey through the body's digestive system.

From the mouth, it goes to the stomach, then the small bowel (which is long and narrow) and on to the large bowel (which is shorter and wider). During this process, the food is 'digested' – broken down so that the nutrients can be absorbed into the bloodstream. Finally, the waste – poo – collects in the rectum, before it leaves the body through the bottom (anus).

This journey can take anything from a few hours to a few days. It can vary from day-to-day in the same person, and also from person to person.

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Some causes of constipation

Not drinking or eating enough

The digestive system needs 'something to work on', and if your child doesn't drink or eat enough, this can lead to dry, hard poo.

Not eating enough fruit, vegetables and cereals

These foods contain fibre (also called roughage) that is not absorbed in the bowel, and so make bulkier poo that's easier for the bowel to work on. Oats, barley and wheat are examples of cereal foods. Not eating enough fibre can cause hard-packed poo that's hard or painful to pass.

Withholding

This is when your child needs to do a poo but deliberately holds it in. It may happen if they've become frightened of the pain they get when they go to the toilet. The pain may occur because their poo is very hard, or because straining has caused cracks in the skin around the bottom, or if the surrounding skin is infected and sore. Children may worry about using toilets away from home – for example, school toilets that are dirty or lack privacy. This can then cause them to resist the urge to go. Withholding may also be related to emotional problems linked to family stress, or because the child has bad memories of potty-training or previous treatment for constipation.

Certain medicines

Some medicines can cause constipation – for example, certain cough medicines.

Diet and the daily routine

To tackle constipation, it's often worth trying to make some changes at home. For children who have been

High-fibre foods

Healthy food that children enjoy can treat and prevent constipation. For example:

Breakfast

- High-fibre cereals (such as Weetabix)
- Porridge or instant oats (such as Ready Brek)

Lunch/dinner

- Jacket potato (with skin) and baked beans
- Pasta (wholemeal, if they'll eat it) and vegetable sauce
- Vegetable soup containing cereals, and wholemeal bread

Pudding

- Fruit – fresh, tinned, baked or stewed

Snacks

- Sliced apple
- Dried apricot
- Raisins.

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weaned, drinking more water and eating more fruit, vegetables and cereal foods encourages softer and more frequent bowel movements.

The number of drinks children need varies from day to day. For example, it depends on how hot it is, how active they are and what food they're eating. They should be offered a drink with every meal and at least once between each meal. This can include water, milk, diluted juice and soup. Children should also eat at least five portions of fruit and vegetables daily (for example, an apple or a serving of peas each count as one portion).

But children can be very fussy eaters, and you might find it's difficult to get them to eat more of these foods. Getting everyone at home to join in with these changes might help. This could include putting out a fruit bowl for every meal, or switching everyone to wholemeal bread.

Breakfast can be particularly good at triggering the urge to go to the toilet, so it's sensible not to miss it. And having breakfast earlier may give your child more time to use the toilet before leaving for school.

High-fibre food is often specially labelled and this can make shopping for the right foods easier. See the box (right) for examples of simple high-fibre meals.

Getting help with constipation

When changes in diet and daily routine have not resulted in softer or more regular stools, your GP may suggest a laxative. The doctor will ask about your child's eating habits, their general health and the situation at home. The GP will probably do a physical examination too. This will usually include pressing on your child's tummy to try and feel if the large bowel is more swollen than normal. The doctor may have a look at your child's bottom to see if

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there's anything that might be causing pain, such as infected or cracked skin. An X-ray or an internal examination – putting a finger into your child's bottom to check what's going on inside – is not usually necessary.

When using laxatives to treat a child's constipation, the first step is to clear any hard poo that's blocking the rectum. The next stage is to set up a pattern of softer, more regular bowel movements. Laxatives come in three basic types – see box, right. They work by making the poo softer or more slippery (stool softeners) or by making a bulkier poo that gives the bowels more to 'work on' (bulk-forming laxatives). If these two don't work, a third type makes the bowel squeeze more strongly (stimulant laxatives) and so speeds up the production of poo.

Sometimes the doctor will suggest using a stool softener together with a stimulant laxative, especially if one laxative on its own hasn't worked.

Stimulant laxatives work quite quickly. For example, if taken in the evening, they can give the urge to go the following morning. However, stool softeners and bulk-forming laxatives may take a few days to have their full effect.

Once the rectum has been unblocked, the doctor will probably recommend your child continues taking regular laxatives for several months. This will help your child get used to passing softer, more regular, stools and of going to the toilet when



Fruit and veg helps with constipation

Photos: Cephas Picture Library

Laxatives

Many laxatives can be bought from a pharmacy or supermarket without a prescription, but it's probably best not to give your child laxatives except on the doctor's advice.

Stool softeners

- Lactulose syrup

Bulk-forming

These need to be taken with water

- Ispaghula husk
- Methylcellulose
- Oat bran
- Wheat bran

Stimulants

- Bisacodyl tablets
- Docusate
- Senna
- Sodium picosulfate

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they feel the urge. When the bowels open more frequently, laxatives will have a greater effect – causing the child to go more often, or feel the urge to go more strongly. Then, with advice from your doctor, health visitor, nurse or pharmacist, the dose of laxative can be gradually reduced.

Talking about the problem

It's important to explain to your child why you're changing their diet or giving them laxatives, and to tell them when laxatives might start to work. Most children won't talk about their bowel habits or their constipation, even to close friends. And many parents also keep the subject to themselves. But it's crucial children don't feel constipation is their fault.

Your GP, health visitor, nurse or pharmacist can offer support and will try to reassure you that the problem is very common and that there are practical solutions.

Extra help from a nurse who specialises in children's health or family therapy may be available in your area. If the constipation is still a problem, your GP may also suggest treatment at hospital.

Further information

- A booklet called *Childhood soiling – a guide for parents* is available from the Enuresis Research and Information Centre (cost £1.96), who also run a helpline ☎ 0117 9603060.
- See also www.eric.org.uk – a website about constipation and bed-wetting.



This issue of *Treatment Notes* is part of a series produced by Consumers' Association (CA). It is based on matching information from *Drug and Therapeutics Bulletin (DTB)* – a monthly publication for doctors and pharmacists, also produced by CA.

The original *DTB* article is called *Managing constipation in children* and was published in August 2000. For information on *Treatment Notes* or *DTB*, ☎ 0845 983 0082, email dtb@which.net or visit www.dtb.org.uk/dtb/tnotes/index.html

Treatment Notes contains general medical information that will not always apply to your child. Don't start, or stop, prescribed medicines without speaking to your doctor or pharmacist first.

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Printed by WPG Ltd,
Welshpool, powys, Wales

Revised

February 2002

Originally published 2000