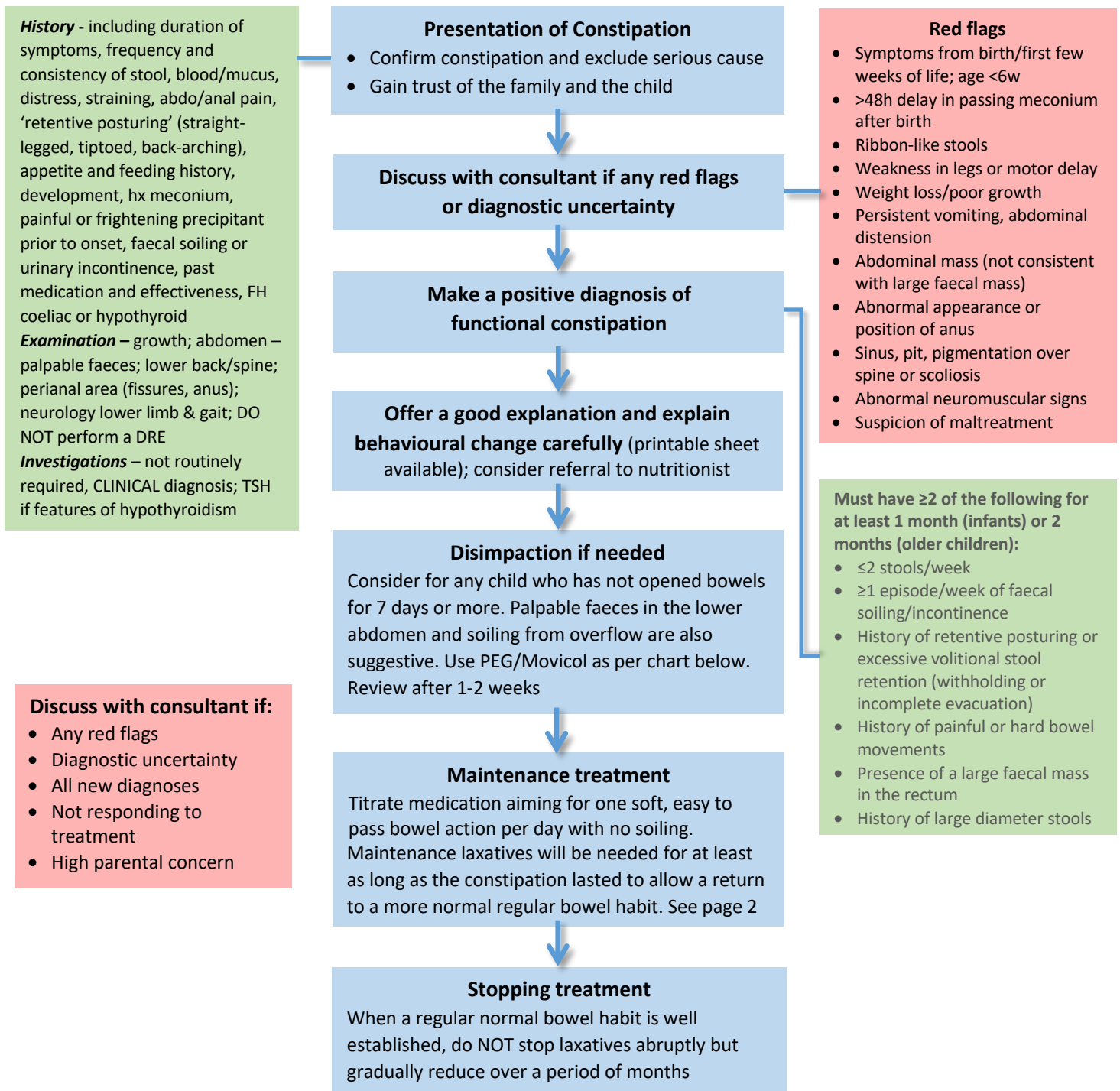


Constipation in children

Key Facts:

- Constipation is defined as passing <3 complete stools per week (Rome Criteria); also includes withholding stool/incomplete evacuation, painful/hard/large bowel movements, soiling
- Affects 10% of children; usually starting around the introduction of solid food, toilet training or at a change in life e.g. starting school
- The majority is '**functional**' constipation – painful bowel movements prompt the child to withhold stool
- Alternative causes are Hirschsprung's disease, other congenital bowel anomalies and neurological causes
- We should treat promptly and titrate up laxatives quickly until a good result is achieved; dietary change alone is not an adequate treatment



Behavioural advice to discuss with parents (printable sheet available – talk through with parents)

Diet and fluids

- Eating a balanced diet with fibre and plenty of fluids will help, but will not cure constipation alone
- Excessive cow milk intake may exacerbate constipation in some children so reduce cow's milk if it is excessive (discuss with nutritionist).

Behaviour around passing stool

- Delay **toilet training** attempts until child is painlessly passing soft stool
- Review access to a toilet/potty e.g. are their barriers to using school toilets
- Encourage child to sit on the toilet/potty for 5-10 minutes, three times a day, preferably 20-30 minutes after meals. Try to make this fun & relaxing (games, books, toys)! Raising feet up a little on a stool and rocking gently may help.
- **Reward behaviours, NOT achievements**
 - Reinforce that this is not child's fault. DO NOT punish them but use positive reinforcement
 - Encourage willingness to take the laxatives
 - Reward toilet/potty sits, even if they don't poop
- Keep a diary to monitor progress if you can

Exercise - Encourage child to be physically active

Laxatives for constipation in children

Disimpaction regimen

<p>Polyethylene glycol 3350 = PEG 3350 = Macrogol (MovicolPaeds)</p> <p>NOT Peglec 137g! (this is for bowel evacuation in adults prior to surgery/colonoscopy)</p>	6.9g per sachet	1- 1.5gm/kg/day for 3-6 days until there is small or no stool in the rectum and fecoliths are no longer palpated in the left lower quadrant. Then start maintenance therapy, starting at half the dose required for disimpaction.	<ul style="list-style-type: none"> • Once diluted in water as per instructions, this can be added to ANY food that the child likes. • It should NOT be mixed straight into food or drinks other than water as it will not work
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Maintenance regimens

<p>Polyethylene glycol 3350 = PEG 3350 = Macrogol (MovicolPaeds)</p> <p>NOT Peglec 137g! (this is for bowel evacuation in adults prior to surgery/colonoscopy)</p>	6.9g per sachet	<p>Age <1y: ½ to 1 sachet daily;</p> <p>Age 2-5 years: 1 sachet daily, max 4 sachets per day;</p> <p>Age 6-11 years: 2 sachets daily, max 4 sachets per day</p> <p>Adjust dose to produce regular soft stools</p>	<ul style="list-style-type: none"> • First-line laxative for children but <u>beware of cost</u> and discuss with parents. An alternative may be necessary in the long-term
Bisacodyl (Dulcolax)	5mg tablet	0.3mg/kg OD	<ul style="list-style-type: none"> • Stimulant laxatives – add to Movicol if insufficient or use on its own or if Movicol not tolerated or affordable. • Add lactulose if stool remains hard
Sennakot	7.5mg tablet	<p>Age 2-4y: ½ -2 tablets OD</p> <p>Age 4-6y: ½ -4 tablets OD</p> <p>Age 6-18y 1-4 tablets OD</p>	
Lactulose	liquid	1-2ml/kg once or twice daily, adjust according to response	<ul style="list-style-type: none"> • Osmotic laxative – add to stimulant laxative if stool still hard

References

BMJ 2021;375:e065046
 Indian Paeds Journal 2016 April 53; 319- 327
 Modified European Society for Paediatric Gastroenterology Hepatology and Nutrition 2014.
 Outpatient Pediatric Protocols, Kijabe Hospital, 2020