

Constipation in children and young people (CG99): Frequently asked questions for staff working in children's centres

This Frequently Asked Questions tool accompanies the NICE clinical guideline: 'Constipation in children and young people' (available online at www.nice.org.uk/guidance/CG99).

Children's centres have an important role in encouraging parents and carers to seek timely help from healthcare professionals if they suspect constipation in children. Children's centre staff play a vital role when working with parents to point out the benefits of early diagnosis and treatment of idiopathic constipation.

Why is early diagnosis and treatment vital for children and young people with idiopathic constipation?

Without early diagnosis and treatment, an acute episode of constipation can lead to anal fissure and become chronic. In turn this may produce symptoms such as soiling that can be a significant problem for the child and their family. By the time the child or young person is seen they may be in this vicious cycle. Early identification of constipation and effective treatment can improve outcomes for children and young people.

What is constipation?

Constipation is a term to describe the subjective complaint of passage of abnormally delayed or infrequent passage of dry, hardened faeces often accompanied by straining and/or pain.

What is idiopathic constipation?

Constipation is called idiopathic if it cannot be explained by any anatomical or physiological abnormalities. Although the cause is not understood, it is generally accepted that organic factors are likely to contribute to this condition and that in most patients it is not primarily psychological.

What causes constipation?

The exact cause of constipation is not fully understood but factors that may contribute include:

- Pain, fever
- Dehydration
- Diet and fluid intake
- Medicines
- Family history of constipation
- Psychological factors

What are the signs and symptoms of constipation?

- Infrequent bowel activity
- Foul smelling wind and stools
- Excessive wind
- Irregular stool texture
- Passing occasional enormous stools or infrequent pellets
- Withholding or straining to stop passage of stools
- Soiling or overflow
- Abdominal pain
- Distension or discomfort
- Poor appetite
- Lack of energy
- Angry or irritable mood and general malaise

Many people don't recognise the signs and symptoms of constipation and few relate the presence of soiling to constipation. Painful defecation is an important factor in constipation but it is not always recognised; withholding behaviours to prevent passage of painful stools are confused with straining to pass stools. Poor clinical outcomes are often seen in children and young people with constipation and families may delay seeking help for fear of a negative response from healthcare professionals. This factsheet should help you to reassure them that the condition is important and something they should talk to their GP about.

What action should a parent or carer take when they recognise the signs and symptoms of constipation in a child or young people?

Parents and carers must seek help from a healthcare professional without any delay when they recognise the signs and symptoms of constipation.

What treatments are suggested for idiopathic constipation?

- The mainstay of treatment is early treatment with an adequate dose of laxatives. Doses recommended in this guideline may be higher than those used in the past. Reassure parents and carers that laxatives do not lead to a 'lazy' bowel.
- At least 60 minutes of physical activity per day as part of a healthy lifestyle. This should be tailored to the child's stage of development, individual ability and preferences.
- A healthy diet with adequate fibre content such as fruit, vegetables, baked beans and wholegrain breakfast cereals (not applicable to exclusively breastfed infants). Unprocessed bran can cause bloating and flatulence and reduce the absorption of micronutrients and is not recommended.
- Exclude cows' milk only on the advice of a specialist.
- Establish a regular toilet routine.
- Adequate fluid intake; please see the table¹ below.

	Total water intake per day, including water contained in food	Water obtained from drinks per day
Infants 0–6 months	700 ml assumed to be from breast milk	
7–12 months	800 ml from milk and complementary foods and beverages)	600 ml
1–3 years	1300 ml	900 ml
4–8 years	1700 ml	1200 ml
Boys 9–13 years	2400 ml	1800 ml
Girls 9–13 years	2100 ml	1600 ml
Boys 14–18 years	3300 ml	2600 ml
Girls 14–18 years	2300 ml	1800 ml

Note 568 ml = is 1 pint, a typical glass or mug [or a typical juice glass, if you want to be a bit more specific] is about 200 ml or 1/3 of a pint.

¹ American dietary recommendations: Institute of Medicine 2005

- The water intake recommendations are for adequate intakes and should not be interpreted as a specific requirement. Higher intakes of total water will be required for those who are physically active or who are exposed to hot environments. It should be noted that obese children may also require higher total intakes of water.

Dietary interventions should not be used on their own as first-line treatment for idiopathic constipation. It is important that constipation is treated with laxatives and a combination of negotiated and non-punitive behavioural interventions suited to the child or young person's stage of development. These could include scheduled toileting and support to establish a regular bowel habit, maintenance and discussion of a bowel diary, information on constipation, and use of encouragement and rewards

What information and support is likely to be provided after a diagnosis of constipation or idiopathic constipation?

The healthcare professional will provide a tailored follow-up that could include:

- Telephoning or face-to-face talks and a point of contact with specialist healthcare professionals who can give ongoing support.
- Giving detailed evidence-based information about the child's or young person's condition and its management, this might include for example the 'Understanding NICE guidance' leaflet for the NICE guideline on constipation.
- Giving verbal information supported (but not replaced) by written or website information in several formats about how the bowels work, symptoms that might indicate a serious underlying problem, how to take medication, what to expect when taking laxatives, how to poo, origins of constipation, criteria to recognise risk situations for relapse (such as worsening of any symptoms, or soiling) and the importance of continuing treatment until advised otherwise by the healthcare professional.

The material is adapted from the NICE guideline 'Constipation in children and young people: diagnosis and management of idiopathic childhood constipation in primary and secondary care', which can be found at www.nice.org.uk/guidance/CG99