**Constipation in Children and Young People**

**RED FLAGS**

* Constipation from birth or first few weeks of life
* Failure/delay in passing meconium > 48hrs
* Ribbon stools
* Weakness in legs/locomotor delay
* Abdominal distension + /-vomiting
* Abnormal appearance of anus (no PR)
* Abnormal examination of spine
* Abnormal neuromusc signs or reflexes
* Severe constipation in

< 1 year old

**Take a full history and examination – holistic assessment including:**

* Frequency and consistency of stool
* Diet and fluid intake
* Behaviour including toileting
* Social history

**Remember: abdominal pain may be due to constipation and diarrhoea may be overflow**

**Are there any urgent conditions or red flags**?

(If amber flags- faltering growth/suspect child maltreatment - refer to NICE guidance)

NO

YES

NO

**For all children**

* Give general advice on fluids and diet
* Give advice on constipation

**Do you suspect faecal impaction**, with either of the following:

* Large palpable stool in lower abdomen
* Soiling associated with faecal overflow

YES

Consider another diagnosis

**REFER**

Discuss with paediatrician or consider referral for further assessment

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**Simple** **Constipation**

**Start Maintenance Therapy**

1. Start with polyethylene glycol 3350 + electrolytes ( available as Movicol Paediatric Plain)

< 1 year: ½-1 sachet daily

1-6yrs: 1 sachet daily

6-12 yrs: 2 sachets daily

1. **Re-assess frequently**
2. Adjust dose to produce regular soft stool. Max 4 sachets/day.
3. Add a stimulant laxative

e.g. senna, if there is no effect after 2 weeks

If Movicol is not tolerated, substitute with a stimulant laxative +/- Lactulose

**Impacted:**

**Start Disimpaction Therapy**

1. Start with polyethylene glycol 3350 + electrolytes

(Movicol Paediatric Plain)

< 1 yr: ½-1 sachet daily

1-5yrs: 2 sachets day 1, increase by 2 sachets/day to max 8

5-12 yrs: 4 sachets day 1, incr by 2 sachets/day to max 12

1. **Review within 1 week**
2. Add a stimulant laxative, e.g. senna, if no effect after 2 weeks

If Movicol not tolerated, substitute with a stimulant laxative +/- Lactulose

**Warn parents that disimpaction may initially increase the symptoms of soiling and abdominal pain**

**REVIEW**

**Improvement**

**No improvement after maximal therapy**

**Continue medication** at maintenance dose for several weeks after regular bowel habit is established – this may take several months – **warn parents of this**

**Do not stop medication abruptly**: gradually reduce the dose over a period of months

**REFER**

Discuss with paediatrician or consider referral for further assessment

Link to NICE Guidelines: <http://www.nice.org.uk/nicemedia/live/12993/48754/48754.pdf>

**Top tips for managing constipation in Primary Care:**

1. **Are there non-medical factors involved?**
   * Check about toileting issues and toilet behaviour
   * Are they withholding because school toilets not clean etc?
   * Are there other emotional issues/difficulties at home?
2. **Do they understand the condition?**
   * Educate about constipation - Give written information
   * Advice about diet and fluids
   * Let the family know that it is a chronic condition, there is no quick fix, and treatment may be needed for months.
3. **Do they know how to make up and take the medication?**

* They can mix with other drinks to make it more palatable eg squash

1. **Don’t under-medicate**
   * Do not be afraid to give high doses of medication – NICE Guidance gives higher doses that BNFC
   * After disimpaction the starting maintenance dose may be half the disimpaction dose
2. **Review regularly**
   * Make sure you review regularly – is support available from other sources e.g. health visitor/practice nurse? **Make sure you are giving a constant message**

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| **Table 4 from NICE Guidance: Constipation in children and young people - Laxatives: recommended doses** | |
| **Laxatives** | **Recommended doses** |
| **Osmotic laxatives**  *Lactulose* | * Child 1 month to 1 year: 2.5 ml twice daily adjusted according to response * Child 1-5 years: 2.5-10 ml twice daily, adjusted according to response (non-BNFC recommended dose) * Child/young person 5-18 years, 5-20 ml twice daily, adjusted according to response (non-BNFC recommended dose) |
| **Stimulant laxatives**  *Sodium picosulfate* | Non-BNFC recommended doses  Elixir (5mg/5ml)   * Child 1 month to 4 years: 2.5-10 mg once a day * Child/young person 4-18 years: 2.5-20 mg once a day   Non-BNFC recommended dose  Perles (1 tablet = 2.5 mg)   * Child/young person 4-18 years: 2.5-20 mg once a day |
| *Bisacodyl* | Non-BNFC recommended doses  By mouth   * Child/young person 4-18 years: 5-20 mg once daily   By rectum (suppository)   * Child/young person 2-18 years: 5-10 mg once daily |
| *Senna* | Senna syrup (7.5 mg/5 ml)   * Child 1 month to 4 years: 2.5-10 ml once daily * Child/young person 4-18 years: 2.5-20 ml once daily   Senna (non-proprietary) (1 tablet = 7.5 mg)   * Child 2-4 years: ½-2 tablets once daily * Child 4-6 years: ½-4 tables once daily * Child/young person 6-18 years: 1-4 tablets once daily |
| *Docusate sodium* | * Child 6 moths-2 years: 12.5 mg three times daily (use paediatric oral solution) * Child 2-12 years: 12.5-25 mg three times daily (use paediatric oral solution) * Child/young person 12-18 years: up to 500 mg daily in divided doses |