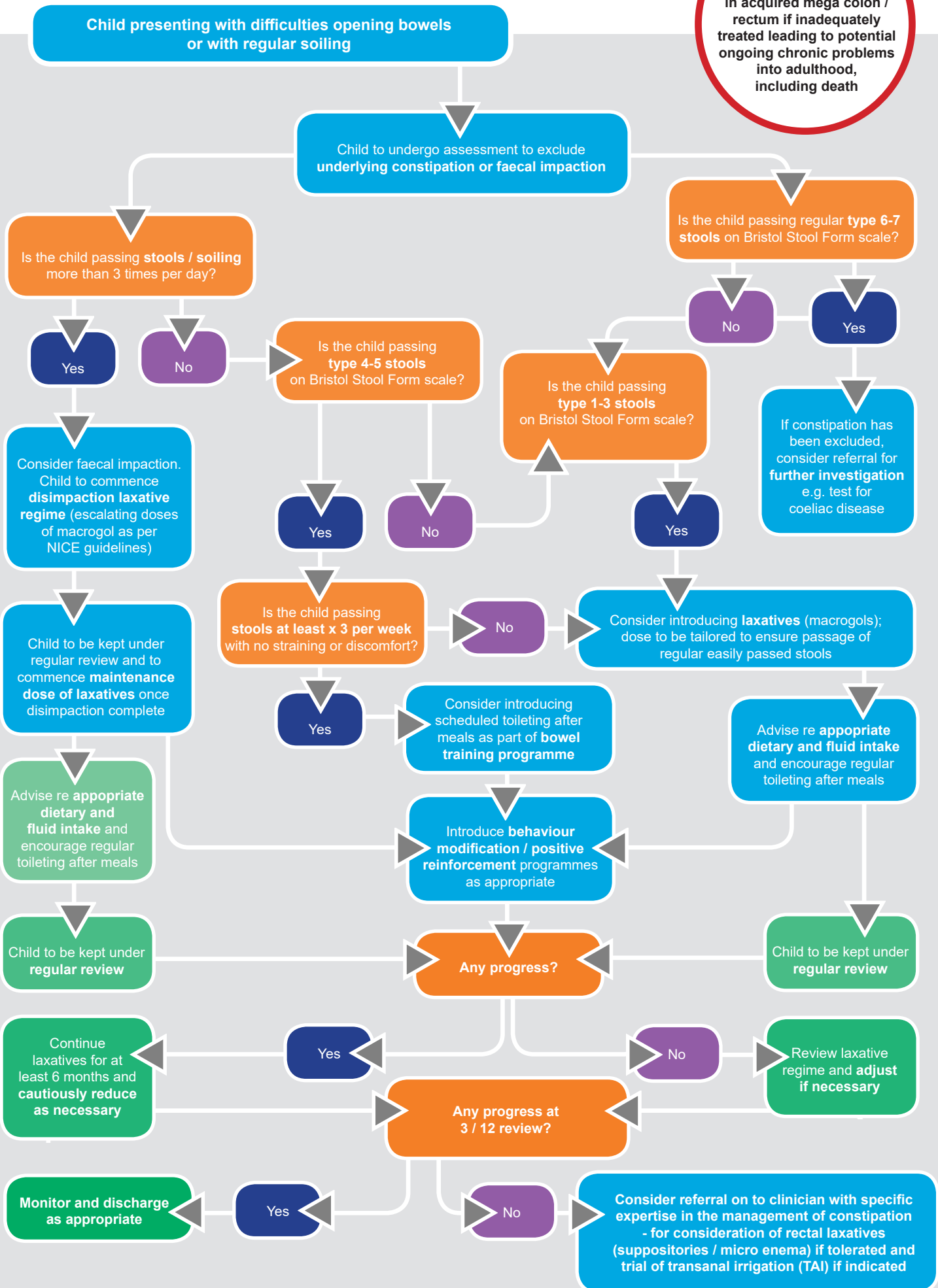


**Chronic constipation in childhood can result in acquired mega colon / rectum if inadequately treated leading to potential ongoing chronic problems into adulthood, including death**



## Constipation in children and young people with learning disabilities (LD)

Constipation is a common childhood problem affecting up to 30% of all children at anyone time. Identified in a timely manner it is relatively easy to treat and once the constipation has resolved it does not usually result in any long term problems.

However, for those with learning difficulties constipation is more prevalent affecting up to 50% of individuals. In these circumstances unless the constipation is adequately treated in the initial phase, it can go on to cause life long problems and in some instances even death.

For this reason constipation should always be treated seriously and adequately treated using a laxative regime that resolves the symptoms. Macrogols are normally first line treatment. However an alternative laxative should be used if the child will not take or does not tolerate macrogols (as per NICE guidance). Treatment with laxatives may need to be continued for several months, if not longer; the dose should be gradually reduced over time rather than being stopped suddenly.

The child may initially present with 'diarrhoea' or loose stools which may mask an underlying faecal impaction. For this reason any child presenting with an apparent bowel problem should always be assessed and an appropriate treatment programme put in place. The child's progress should be regularly reviewed and adjusted as necessary. If, despite everyone's best efforts, the problem does not resolve within three months of presentation, the child should be referred on to a clinician with appropriate expertise.

Failure to adequately treat and resolve the constipation can result in the development of an acquired mega colon or rectum with all the associate risks.

Stool withholding, sensory and proprioception problems can affect many children with LDs and compound the problem with constipation. It is important that these particular issues are managed appropriately and the affected child supported within an individualised behaviour modification programme.

---

### References and further reading

Akman S, Şahaloğlu Ö, Dalkan C et al (2018) Is celiac disease misdiagnosed in children with functional constipation? *Turk J Gastroenterol.* ;29(2):210-214.

Constipation: Making reasonable adjustments (2016) <https://www.gov.uk/government/publications/constipation-and-people-with-learning-disabilities/constipation-making-reasonable-adjustments>

Kirgizov IV, Minaev SV, Shishkin I et al (2018) Surgical treatment of idiopathic megarectum in constipated children. *J Pediatr Surg.* pii: S0022-3468(18)30764-4. *JPedsurg.*2018.10.103. [Epub ahead of print]

Koppen IJ, Kuizenga-Wessel S, Voogt H et al (2017) Transanal Irrigation in the Treatment of Children With Intractable Functional Constipation. *J Pediatr Gastroenterol Nutr.* ;64(2):225-229.

NICE (2010) Constipation in children and young people <https://www.nice.org.uk/guidance/cg99>

Sumida K, Molnar MZ, Potukuchi PK et al (2018) Constipation and risk of death and cardiovascular events. *Atherosclerosis.* 23;281:114-120. [Epub ahead of print]

Wagner C, Niemczyk J, von Gontard A. (2017) Toilet Phobia and Toilet Refusal In Children. *Klin Padiatr.*;229(1):27-31.

