Management of constipation for primary care

The pooled prevalence of constipation in children is 9.5% and it becomes chronic (lasts more than 4 weeks) in about one third of these. Children with additional needs may be more prone to constipation than those with typical development. For all children proactive treatment of acute constipation will reduce the likelihood of it becoming chronic with the associated treatment difficulties and long-term impact.

Constipation is not always easy to diagnose in children and young people. History is the most important element of diagnosis. Symptoms to be aware of are listed in NICE Guidance. More information is available in the Bladder & Bowel UK leaflet - Diagnosing childhood constipation and faecal impaction: information for primary care. 80% of children with faecal incontinence have constipation and 75-90% of children with constipation will have some soiling due to faecal retention. Peak incidence is from the age of weaning to starting school (approx. 0.8 years to 4 years old).

It is important to be aware that 95% of constipation in childhood is idiopathic, although underlying conditions are more common in some children with additional needs such as children with Down syndrome who are more likely to have congenital anomalies or conditions such as Coeliac disease.

Treatment pathways for constipation in children are not the same as those for adults. Investigations are not usually required unless there are red flags, that warrant immediate referral to paediatrics, or the constipation is not improving, despite interventions as per NICE Guidance. In the latter situation the child should be referred to a specialist children's bladder and bowel service or a paediatrician.

Treating constipation in children

First line treatment of constipation in children, including in those with additional needs is always with laxatives, usually macrogols, as per NICE Guidance on clinical management. Adjustments to diet and fluid intake

and toileting regimes are treatment adjuncts but should not be used in isolation. Prompt treatment may prevent constipation becoming chronic (persisting for more than eight weeks).

Chronic constipation requires long-term treatment with sufficient laxatives to overcome withholding and fear of painful defecation and, for younger children, establishment of toilet training. Toilet training should not be delayed due to constipation as the correct position on the potty or toilet may help with bowel emptying.

Ensure that families are advised how to mix and give macrogol laxatives. Information is available from Bladder & Bowel UK (www.bbuk.org.uk/wp-content/uploads/2021/04/Understanding-Macrogol-Laxatives-.pdf)

Chart showing maintenance doses of Macrogol laxatives as recommended in BNFc

Child's age	Recommended daily dose of Macrogol
1 – 12 months	½ - 1 sachets (paediatric)
1 – 6 years old	1 – 4 sachets (paediatric)
6 – 12 years old	2 – 4 sachets (paediatric)
12 – 18 years old	1 – 2 sachets (adult)

The dose of macrogol should be adjusted according to response, aiming for the child to be passing a type 4-5 bowel motion once to three times a day. (Families may be referred to the video at www.thepoonurse.uk for more information). Children should be assessed within two weeks of commencing laxatives and regularly subsequent to that, with treatment adjusted according to response.

Addition of stimulant laxatives (sodium picosulfate or senna), as per BNFc recommended doses, should be considered for children who are struggling to titrate macrogol doses, as well as for those who either refuse to take or cannot tolerate macrogols in sufficient quantities to be effective, or who continue to withhold. Consider starting stimulants at low doses and titrating up to avoid abdominal pain.

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Families should be advised to give laxatives at the same time each day, to fit with their routine to increase the likelihood that their child then establishes a time to open their bowels daily – this may aid toileting.

Chart showing BNFc recommended doses of sodium picosulfate

Child's age	Recommended daily dose of sodium picosulfate 5mg/5ml
1 month - 4 year	2.5 - 10mg once a day
4 - 18 years	2.5 - 20mg once a day

Chart showing BNFc recommended doses of senna

Child's age	Recommended daily dose of sodium senna 7.5mg/5ml
1 month - 4 year	2.5 - 10ml once a day
4 - 18 years	2.5 - 20ml once a day

Laxatives should be continued at the dose required to maintain soft bowel motions for at least 3-6 months, unless stools become loose. Laxative doses should be cautiously reduced over a long time period in children who have been constipated for more than eight weeks at presentation – many will tolerate a small dose reduction every six weeks, but this should be adjusted according to individual response, with a prompt increase of dose again if there is any relapse.

Families should be advised about adequate water-based fluid intake and balanced diet with plenty of fruit and vegetables and whole grains. However, unprocessed bran should not be recommended for children. High fibre cereals may also be inappropriate for children who are not drinking plenty of water-based drinks.

Reassessment should be undertaken in line with individual needs to ensure the child does not become (re)impacted and to address any issues with compliance or toileting.

Management of constipation for primary care

Treatment for children who refuse to take macrogols

NICE recommends that children who refuse to take macrogols should be offered a stimulant laxative as an alternative. This may be used in conjunction with a stool softener (lactulose or docusate) if stools are hard.

Chart showing BNFc recommended doses of docusate

Child's age	Recommended daily dose of docusate
6 months- 2 years	12.5mg three times a day
2 - 12 years	12.5 - 25mg three times a day
12 - 18 years	Up to 500mg per day in divided doses

Chart showing NICE recommended doses of lactulose

Child's age	Recommended daily dose lactulose
1 month - 1 year	2.5ml twice daily, adjusted according to response
1 - 5 years	2.5ml - 10ml twice daily, adjusted according to response
5 - 18 years	5 - 20ml twice daily, adjusted according to response

Families should be provided with appropriate information about how to titrate the doses of all laxatives (there is a video available at www.thepoonurses.uk) and review as required to ensure compliance and improvement.

Treatment for children who refuse to take macrogols

There is more information about constipation and faecal impaction for families in the Bladder & Bowel UK leaflets:

- Talk about constipation
- Understanding childhood constipation
- Understanding constipation in infants and toddlers

Management of constpation for primary care

- Understanding faecal impaction
- Understanding macrogel laxatives
- Understanding the management of constipation and faecal impaction

Further information

Find more information about child bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the Bladder & Bowel UK confidential helpline (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.