

# Understanding stimulant medications



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## A guide for parents and carers

### What are stimulants?

Stimulants are a group of laxative medications that are used to treat constipation and faecal impaction.

Constipation is a common condition in children and young people but is not always easy to diagnose. Constipation happens when the rectum, the bit of bowel nearest the bottom, is not fully emptied when poo is passed. Impaction happens when the constipation becomes severe.

Your child may be constipated if they are pooing less than three times a week, or more than three times a day, if their poos are large and hard, small or different sizes and consistencies, if they are soiling (passing any amount of poo into their underwear). There is more information about constipation and its symptoms in the Bladder & Bowel UK leaflet [Understanding constipation and faecal impaction](#).

The stimulant laxatives that are usually used in children include sodium picosulfate and senna. Docusate sodium is also sometimes used and has a softening as well as a stimulant effect.

### How do stimulants work?

The active ingredient in stimulant laxatives help the muscles in the bowel wall work more effectively, so the poo moves through the bowel more quickly. This helps the poos stay soft and makes them easier to pass.

Stimulant laxatives may begin working within 8 – 12 hours but can be effective as early as 3 hours after they have been taken. However, it may take longer than this for your child to start to poo. How quickly this happens will depend on how constipated they are and how their body responds to the stimulant laxative.

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## Why has my healthcare professional suggested a stimulant for my child?

Macrogol laxatives are usually the first laxatives used to treat constipation in children. These include cosmocol, laxido and movicol. More information about them can be found in the Bladder & Bowel UK leaflet [Understanding Macrogol laxatives](#).

Macrogols used on their own do not always fully manage the constipation. Some children will not take them, or do not tolerate them well. Stimulant laxatives work in a different way to the macrogols, so can be used at the same time as a macrogol, or instead of them.

## Can I buy stimulants for my child?

Stimulants, as with other laxatives, should only be given to children under 12 years old if prescribed by a healthcare professional. For older children and teenagers, ask their GP, school nurse or a pharmacist for advice. If constipation has been a problem for more than a few days, or your child or teenager is unwell, you should consult their healthcare professional.

## How are stimulants taken?

Most stimulant laxative medications are available as a liquid. Some are also available as a tablet. You should follow the advice of your healthcare professional about how much to give and how often to give it. Most only need to be given once a day.

## What is the correct time of day to give the stimulant?

It does not matter what time of day the stimulant is given although your health care professional may advise you about the time that would be best for your child. It is often helpful to give the stimulant at the same time(s) each day. This will help you to remember to give it. Also, it will help some children to poo at the same time every day. This will allow them to have a regular toilet time every day and may reduce the likelihood of soiling.

As with all medicines, you should give the stimulant when your child is with you if possible. You should not need to send the laxatives to school for your child to have there, unless your child's healthcare professional has advised you to do this.

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## What do I do if my child does not like the taste?

Most children will get used to the taste of the stimulant medication quickly. Offering them a drink of water or diluted sugar-free squash just after they have taken it may help.

If your child is still struggling with the taste and they have been prescribed a liquid form of the stimulant, you could try diluting it with water or adding a flavouring such as a sugar-free squash. It is important that your child drinks the full amount to ensure they receive the full dose. You could try buying a flavour of squash that your child has not had before and add in the stimulant, after you have mixed it. Only let your child have that flavour of squash with the stimulant, so they do not notice if the stimulant makes it taste different.

If your child will still not take their stimulant, then talk to their doctor or nurse. They may be able to prescribe a different stimulant or give your child a different type of laxative.








## What do I do if the stimulant is not working well?

If you are concerned that your child still has constipation or faecal impaction when they have been taking the stimulant medication as directed by your doctor or nurse, then ask them if they think the dose needs to be adjusted, or if they think that your child may need another medicine as well as, or instead of the stimulant.

## How much stimulant should my child have?

Your healthcare professional will advise you on the correct dose for your child. This dose may need to be adjusted according to how your child's bowels respond. The aim is for your child to have the dose of stimulant (and any other laxatives they have been prescribed) to ensure that they are passing a good amount of soft poos (type 4-5 on the chart to the right) once to three times most days.

### The Bristol Stool Form Scale

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

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The dose that achieves this is often called the maintenance dose. Usual maintenance doses of stimulants are shown in the chart below. Do not exceed the dose recommended by your child's healthcare professional.

It may take at least a few days for your child to start to pass soft poos when they start taking a stimulant medication. This is normal.

Child's age	Usual recommended dose of sodium picosulfate 5mg/5ml
1 month to 4 years	2.5mg – 10ml once a day
4 – 18 years old	2.5mg – 20ml once a day

If your child's poos stay or become small or are hard (type 1 – 3), or are not being passed most days, then they need to have more laxative.

Child's age	Usual recommended dose of senna 7.5mg / 5ml
1 month to 4 years	2.5ml – 10ml once a day
4 – 18 years old	2.5ml – 20ml once a day

You should ask your healthcare professional about increasing the dose. Try to avoid changing the dose more than once every three to four days. It takes time for your child's bowel to settle on a new dose of stimulant laxative.

If poos remain hard (type 1 – 3), children who are only taking a stimulant laxative may benefit from taking a laxative that works by softening poos, in addition to the stimulant. Macrogol laxatives, lactulose and docusate sodium all work by softening poo.

## Will my child have any side-effects from stimulant laxatives?

Some children will experience new or worsening soiling when they first start to take stimulant laxatives. They may also develop loose poo. This does not usually mean that the laxative is too strong for them or that the dose is too high. It is likely to be a sign that the stimulant laxative is working, and the constipation is starting to clear. If the soiling and/or loose stools continue after a few days, speak to their healthcare professional as the dose may need to be adjusted.

Other side-effects include tummy aches, but these usually settle after a few days. It is important to remember that constipation can also cause tummy aches. Your healthcare professional may suggest that your child starts on a small dose of stimulant laxative to reduce the chances of them getting tummy aches and that the dose gradually be increased until it is working well for your child.

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Rarely stimulants can make children feel sick or cause them to be sick. However, severe constipation can also cause this.

If you are concerned that your child may have side-effects from a stimulant laxative speak to their healthcare professional or a pharmacist.

## Do stimulant laxatives make the bowel lazy?

If constipation has been a problem for more than a short time, the muscles in the bowel wall can become over-stretched. The over-stretched muscles do not work as effectively as they should in moving poo through the bowel. The stimulants help the muscles to work better. If the laxatives are stopped before the bowel has had a chance to fully recover the constipation will return.

There is no evidence that stimulant laxatives make the bowel lazy. It is known that not taking laxatives for long enough causes constipation to come back. Therefore, you should continue to give your child laxatives as recommended by your healthcare professional, for long enough that the bowel has time to fully recover. How long this takes will vary from child to child. Laxatives should be gradually reduced over a period of time, rather than stopped suddenly.

If your child has been constipated for a long time (more than a month or two) when they start taking laxatives, they may need to take them for many weeks or months. It is safe for them to do this if they are prescribed by your healthcare professional.

## How long will my child need to take the stimulant laxative for?

Each child is different and therefore the length of time that they need to take the stimulant for will vary. However, most children need to take a maintenance dose for many weeks or even months if they have had chronic constipation or faecal impaction. Some children need to take laxatives for a year or two and some children need them for longer than this. You should be guided by your child's healthcare professional.

Most children may be able to try a gradual reduction of their laxatives when they have had 3 – 6 months of passing soft stools once to three times most days with no problems. They may be able to try to reduce sooner than this if they start to pass large amounts of loose stools most days. Do not try to reduce the stimulant while you are toilet training your child unless they are passing loose stools, or your healthcare professional tells you to.

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Your healthcare professional should advise you about how and when to reduce the stimulant laxatives. However, it is usually suggested that you try to reduce the dose by 1 – 2.5mls about every six weeks. If your child has any symptoms of constipation they should have some extra laxative. If they need extra laxative more than once a week, they may need the dose increasing back to that at which they were last doing well. However, you should follow your healthcare professional's advice.

## Further advice

Always read the leaflet that comes with any medicine that has been prescribed for your child.

Laxatives should be prescribed by a healthcare professional for children under twelve years old. If you are concerned about your child (of any age) speak to their healthcare professional.

Always follow the advice given to you by your child's doctor or nurse. Talk to them if you have any concerns or questions.

There is more information about constipation and faecal impaction in the Bladder & Bowel UK leaflets at [www.bbuk.org.uk/children-youngpeople/children-bowel/](http://www.bbuk.org.uk/children-youngpeople/children-bowel/)

## Further information

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

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