

## CONSTIPATION

### WHAT IS CONSTIPATION?

Constipation is difficult to define but includes painful passage of stools, inability to pass stools, or infrequent and large stools (see Bristol Stool Chart at right). Infrequent stools are typically defined as going 3 or more days without having a bowel movement. Sometimes constipation presents as stool leakage in the underwear (encopresis).

### WHAT CAUSES CONSTIPATION?

Although many things, such as family tendencies, stress, and some medications can contribute to constipation; diet is often the main problem. Inadequate fiber and fluid intake, as well as excessive milk and dairy products can cause constipation. When stools move too slowly through the bowel, excess water is absorbed by the body, making the stool hard. Over time, the rectum can stretch and the urge to move the bowels can be decreased. This can result in what might appear to be diarrhea, where liquid stool leaks around the hard stool and can cause the child to have leakage of stool into the underwear.

### Bristol Stool Chart

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. <b>Entirely Liquid</b>

### WHAT DOES THIS HAVE TO DO WITH URINARY ACCIDENTS?

Constipation is the most common associated problem seen in children with various bladder problems, including day and nighttime wetting and urinary tract infections. With severe constipation, the bowel presses on the bladder and can interfere with normal bladder function. There is also close association between the muscles that control both urine and bowel function. Sometimes, correcting the constipation alone results in improvement in bladder function and a reduction in the number of urinary tract infections.

### WHAT CAN BE DONE TO TREAT THE PROBLEM?

Diet is the key in treating and preventing constipation. A diet that is high in fiber and provides enough liquid is important. Fiber is a natural laxative, and is found primarily in fruits, vegetables, and grains. Since fiber increases the water in the stool, making it soft, bulky, and easier to pass; adequate fluid intake is needed (at least 4-6 cups a day). For children ages 3-15, add 5 to the child's age to determine the number of grams of fiber recommended per day. For example, a 7-year old needs  $7+5 = 12$  grams of fiber each day. You may want to gradually increase fiber intake over a 2-week period to reduce abdominal fullness sometimes associated with a high fiber diet. It is also helpful to limit foods that are constipating, including dairy products such as cheese and milk. A high fat diet tends to slow down the bowel and can contribute to constipation.

In addition to diet, exercise is also helpful in preventing constipation. Encourage regular activities and limit time watching TV. Set a good example for your child by exercising yourself and planning family activities, such as a weekly walk in the park.

### **HOW CAN BOWEL HABITS BE IMPROVED?**

Encourage your child to establish a regular bowel pattern by sitting on the toilet for 5-10 minutes after meals, especially breakfast. A warm beverage, such as cocoa or hot apple cider, may help stimulate a bowel movement. There needs to be adequate time to sit on the toilet and relax. Sometimes a young child can relax better if a small stool is placed to support the feet. A diversion, such as a book, can help a child sit and relax for a few minutes. A timer may be helpful if your child resists sitting on the toilet. Positive reinforcement may help the child cooperate with the program. Do not force your child to sit on the toilet. Encourage your child not to ignore the urge to have a bowel movement. This can be a problem if the child has had hard, painful stools, and tries to hold back stools because fear of pain.

### **WHEN IS MEDICATION NEEDED?**

Sometimes medication is needed if a child is very constipated and needs “cleaned out” before dietary changes are going to work. What type of medication and length of time needed is individually determined. Stool softeners and lubricants make the stool soft and easier to pass, but do not stimulate the bowel to move the stool through more quickly. Examples of stool softeners and lubricants include docusate sodium (Colace), mineral oil, and Kondremul. Laxatives are used to irritate the bowel and help the stool move through faster. Common laxatives include bisacodyl (Dulcolax), senna (Senokot), and Milk of Magnesia. Other medications work by adding bulk to the stool as fiber, such as polycarbophil (FiberCon, Fiberall), or psyllium (Metamucil). A new laxative that acts by pulling water into the bowel and making stool easier to pass is MiraLax. Children can become dependent on laxatives if they are given on a regular basis, so they should not be used long-term. Ideally, constipation should be managed with diet on a long-term basis.

### **WHAT FOODS ARE HELPFUL?**

Fruits and vegetables, especially raw with the skin on, are good fiber sources. Some examples are prunes, figs, dates, raisins, peaches, apricots, pears, and apples. A whole orange instead of orange juice is a better breakfast choice, providing 3.8 grams instead of less than 0.5 grams in juice.

Beans, peas, cauliflower, celery and broccoli are examples of high fiber vegetables. Bran is an excellent fiber source, found in some “natural” cereals, bran flakes, bran muffins, shredded wheat, graham crackers, oatmeal, brown rice and whole wheat bread. Try to choose a cereal with 5 grams of fiber per serving, or mix a high fiber cereal with another cereal your child enjoys. Popcorn is a good snack for children over 4 years old.

Foods with no fiber include dairy products, meats, poultry, fish, eggs, fats, and sugars. A good diet should include a variety of foods with sufficient fluid and fiber.