



Constipation in the older child

Definition

Constipation in children is a common problem. Constipation in children is often characterized by infrequent bowel movements or hard, dry stools.

Various factors can lead to constipation in children. Common causes include early toilet training and changes in diet. Fortunately, most cases of constipation in children are temporary. Encouraging your child to make simple dietary changes—such as eating more fiber-rich fruits and vegetables and drinking more fluids—can go a long way toward alleviating constipation. If your child’s doctor approves, sometimes constipation in children can also be treated with laxatives.

Symptoms

Signs and symptoms of constipation in children may include:

- No bowel movements for several days
- Bowel movements that are hard, dry and difficult to pass
- Pain while having a bowel movement
- Abdominal pain
- Nausea
- Traces of liquid or clay-like stool in the child’s underwear—a sign that stool is backed up in the rectum
- Soiled underwear
- Blood on the surface of hard stool
- Poor appetite
- Cranky behavior

If your child fears that having a bowel movement will hurt, he or she may try to avoid it. You may notice your child crossing his or her legs, clenching his or her buttocks, twisting his or her body, or making faces during these maneuvers.

When to see a doctor

Constipation in children usually isn't serious. However, chronic constipation may lead to complications or signal an underlying condition. Take your child to a doctor if the constipation lasts longer than two weeks or is accompanied by:

- Fever
- Vomiting
- Blood in stool
- Abdominal swelling
- Weight loss
- Painful tears in the skins around the anus (anal fissures)
- Intestinal protrusion out of the anus (rectal prolapse)

Causes

Constipation most commonly occurs when waste of stool moves too slowly through the digestive tract, causing the stool to become hard and dry.

Many factors can contribute to constipation in children, including:

- **Withholding.** Your child may ignore the urge to have a bowel movement because he or she is afraid of the toilet or doesn't want to take a break from play. Some children withhold when they're away from home because they're uncomfortable using public toilets. Painful bowel movements caused by large, hard stools also may lead to withholding. If it hurts to poop, your child may try to avoid a repeat of the distressing experience.
- **Early toilet training.** If you begin toilet training too soon, your child may rebel and hold in stool. If toilet training becomes a battle of wills, a voluntary decision to ignore the urge to poop can quickly become an involuntary habit that's tough to break.
- **Changes in diet.** Not enough fiber-rich fruits and vegetables or fluid in your child's diet may cause constipation. One of the more common times for children to become constipated is when they're switching from an all-liquid diet to one that includes solid foods.
- **Changes in routine.** Any changes in your child's routine—such as travel, hot weather or stress—can affect bowel function. Children are also more likely to experience constipation when they first start school outside of the home.
- **Medications.** Certain antacids, antidepressants and various other drugs can contribute to constipation.
- **Cow's milk allergy.** An allergy to cow's milk or drinking too much cow's milk sometimes leads to constipation.

- **Family history.** Children who have family members that have experienced constipation are more likely to develop constipation. This may be due to shared genetic or environmental factors.
- **Medical conditions.** Rarely, constipation in children indicates an anatomic malformation, a metabolic or gastrointestinal problem, or another underlying condition.

Risk Factors

Constipation in children is more likely for kids who:

- Are sedentary
- Don't eat enough fiber
- Don't drink enough fluids
- Take certain medications, including some antacids and antidepressants
- Have attention-deficit/hyperactivity disorder
- Have a medical condition affecting the anus or rectum
- Have a family history of constipation

In addition, constipation is slightly more common in boys than in girls.

Complications

Although constipation in children can be uncomfortable, it usually isn't serious. If constipation becomes chronic, however, complications may include:

- Painful breaks in the skin around the anus (anal fissures)
- Stool withholding
- Resistance to having bowel movements, which causes impacted stool to collect in the colon and rectum and leak out (encopresis)

What can you do in the meantime?

There are several things that you can do that might help relieve your child's constipation before your appointment, for example:

- Give your child prune juice. Add a little prune juice to your infant's breast milk or formula bottle. For older children, prune juice can be mixed with other juices if your child doesn't like the taste of the prune juice. It's also important to make sure that toddler and older children are drinking sufficient water. Babies meet their liquid requirements through breast milk or formula.
- Cut back on constipating foods. Give toddlers and older children fewer foods that might lead to constipation, such as milk, cheese, and carbohydrates (crackers, goldfish, bread, pasta, and potatoes, etc.).
- If able, take your child for a walk or run. Regular physical activity can encourage bowel movements.

- Ease up on toilet training. If you suspect that toilet training may be playing a role in your child's constipation, take a break from toilet training for a bit to see if the constipation improves.

Treatment and drugs

Depending on the circumstances, we may recommend:

- **Over-the-counter fiber supplements or stool softeners.** If your child doesn't get a lot of fiber in his or her diet, adding an over-the-counter fiber supplement, such as Metamucil, Citrucel or Benefiber might help. However, your child needs to drink at least 32 ounces (0.95 liters) of water daily for these products to work well. Check with your child's doctor to find out the right dose for your child's age and weight. Glycerin suppositories can be used to soften the stool in infants and in children who can't swallow pills. Talk to your child's doctor about the right way to use these products.
- **A laxative or enema.** If an accumulation of fecal material creates a blockage, your child's doctor may suggest a laxative or enema to help remove the blockage. Examples include polyethylene glycol (MiraLax, others) and mineral oil. However, mineral oil isn't recommended for infants because they may inhale it into their lungs, causing pneumonia. Never give your child a laxative or enema without the doctor's OK and instructions on the proper dose.
- **Hospital enema.** Sometimes a child may be so severely constipated that he or she needs to be hospitalized for a short time to be given a stronger enema that will clear the bowels. This is called a disimpaction.
- **Surgery, rarely.** In general, surgery isn't necessary for constipation in children. Exceptions may include constipation caused by lack of contractions in the colon, Hirschsprung's disease or spinal cord abnormalities.

Lifestyle and home remedies

Often, simple changes in diet and routine help relieve constipation in children:

- **A high-fiber diet.** A diet rich in fiber will help your child's body form soft, bulky stool. The amount of fiber a child needs every day varies by weight. Give your child 0.5 grams of fiber every day for each kilogram of body weight. One kilogram is equivalent to 2.2 pounds. So if your child weighs 44 pounds, divide that number by 2.2 to figure out your child's weight in kilograms. In this case, the child weighs 20 kilograms. To figure out the fiber, multiply the weight in kilograms by 0.5, which in this example leads to 10 grams of fiber daily. The upper limit of daily fiber for children is 35 grams.

Offer your child high-fiber foods, such as beans, whole grains, fruits and vegetables. Limit foods that have little or no fiber, such as cheese, meat and processed foods. But start slowly; adding just several grams of fiber a day over several weeks to reduce the amount of gas and bloating that can occur in someone who's not used to consuming high-fiber foods.

- **Adequate fluids.** Water and other fluids will help soften your child's stool. Be wary of offering your child too much milk, however. For some children, excess milk contributes to constipation.
- **Adequate time for bowel movement.** Encourage your child to sit on the toilet for 5 to 10 minutes within 30 minutes of each meal. Follow the routine every day, even during holidays and vacations.
- **Be supportive.** Reward your child's efforts, not results. Give children small rewards for trying to move their bowels. Possible rewards include stickers or a special book or game that's only available after (or possibly during) toilet time. And don't punish a child who has soiled his or her underwear.

Alternative medicine

In addition to changes in diet and routine, various alternative approaches may help relieve constipation in children:

- **Relaxation strategies.** Slow, deep breaths may help children relax their pelvic floor muscles and overcome anxiety related to bowel movements.
- **Mental imagery.** Thinking about a favorite place or imagining an easy, comfortable bowel movement may reduce anxiety about having a bowel movement.
- **Massage.** Gently massaging your child's abdomen may relax the muscles that support the bladder and intestines, helping to promote bowel activity.
- **Acupuncture.** This traditional Chinese medicine involves the insertion and manipulation of fine needles into various part of the body. The therapy may help promote more-frequent bowel movements.

Prevention

To help prevent constipation in children:

- **Offer your child high-fiber foods.** Include in your child's diet high-fiber foods, such as fruits, vegetables, beans, and whole-grain cereals and breads. If your child isn't used to high-fiber diet, start by adding just several grams of fiber a day to prevent gas and bloating.
- **Encourage your child to drink plenty of fluids.** Water is often the best bet.
- **Promote physical activity.** Regular physical activity helps stimulate normal bowel function.
- **Create a toilet routine.** Regularly set aside time after meals for your child to use the toilet. If necessary, provide a footstool so that your child is comfortable sitting on the toilet and has enough leverage to release a stool.
- **Remind your child to heed nature's call.** Some children get so wrapped up in the activity at hand that they ignore the urge to have a bowel movement. Postponing the even can lead to problems in the long run.
- **Review medications.** If your child is taking medication that causes constipation, ask his or her doctor about other options.