

MANAGEMENT OF CONSTIPATION IN CHILDREN

Abstracts from BPJ | Issue 9 | 19

Dietary Measures

- Increasing fruit and vegetable consumption
- Drinking plenty of fluids
- Regular toileting after dinner, by sitting on the toilet for five minutes.

Laxatives

- May be necessary for several months or years
- Once regular bowel function has been restored, laxatives may be gradually withdrawn but relapse may occur.

Significant faecal impaction

Short course of glycerine suppositories for infants, enema for children (microlax), may help dislodge the stool, allowing laxative to work more effectively and faster,

Lactulose can be split into divided doses if there is an increase in bloating or flatulence.

Suggested initial doses of lactulose in children (adjust according to response)

1 month – 1 year	2.5ml twice daily
1-5 years	5 ml twice daily
5-10 years	10 ml twice daily
10 years and above	15ml twice daily

Stimulant laxative (Senna or Bisacodyl) may be required but use more controversial. Prolonged use may give rise to atonic colon and hypokalaemia, suggested to be used intermittently to avoid impaction.

Macrogols (e.g. Movicol) are effective both for faecal impaction and also for maintenance for constipations that is difficult to manage.

USEFUL WEBSITES:

Best treatments

<http://snipurl.com/1rabc>

Constipation in childhood CORE.

<http://snipurl.com/1rabe>