

CONSTIPATION

Constipation is the passage of hard stools less often than normal. It may be normal for some children to have a bowel movement only once every two or three days, but as long as this is soft and is passed without straining, it is not constipation. If your child has less than three bowel movements a week or if the stools are hard, dry and difficult to pass, he is constipated.

Constipation can occur at all ages and may be due to a variety of causes. Only a small number of children have constipation due to an underlying medical condition. In the vast majority, it is usually due to an improper diet or behavioral in origin.

SOME CAUSES OF CONSTIPATION IN CHILDREN

Hirschsprung's disease

Fissure at the anus

Hypothyroidism (low thyroid hormone level)

Hypocalcemia (low calcium level)

Drugs (some cough syrups and cold medicines)

Dietary

Behavioral

If the child has pain while trying to pass stool, he will often hold back and this will lead to stool retention and chronic constipation. In an infant, this may be because of an anal fissure (in this case, the side of the stool may be streaked with blood).

Hirschsprung's disease is a medical condition that usually presents in small babies, who often pass thin ribbon like stool.

Constipation by itself is not dangerous and your doctor can easily rule out an underlying medical cause for constipation.

CHRONIC CONSTIPATION

This is often the result of poor bowel habits, combined with a diet that does not contain adequate fiber. The child may have had an unpleasant experience with defecation or finds it inconvenient to pass stool when he has the urge (in school, for instance) and therefore develops the habit of retaining stool. He may think that having a bowel movement is in someway dirty and undesirable. It may also result from overzealous attempts to toilet train the child and may represent the child's mechanism for "fighting back".

It is sometimes difficult for a parent to know that his school age child is constipated. The child may have bowel movements at intervals of longer than three or four days and the stool may be hard, like pellets. Occasionally he may pass a large amount of stool after a gap of many days. Another clue is a child who stays in the toilet for less than a minute at a time.

ASSOCIATED SYMPTOMS

A wide range of associated symptoms may accompany chronic constipation in the school age child. These include recurrent abdominal pain (the pain maybe due to constipation), *enuresis* (urinating in clothes or in bed), *encopresis* (passage of liquid stool in the child's underwear).

TREATMENT and PREVENTION

After ruling out medical causes, your doctor can prescribe appropriate treatment.

Chronic constipation can rarely be cured by medicines alone and laxatives should be used only when advised by your doctor. Depending on the situation, your doctor may order an X-Ray of the child's abdomen.

DIET

In infancy, the baby should be given more fluids (fruit juices are excellent).

Toddlers can be offered raw vegetables, fruits and raisins, in addition to as much water and fruit juice they want.

Older children should eat food that is high in dietary fiber. Examples of such items include fresh fruits, vegetables, red kidney beans, chapattis and whole wheat bread.

Snacks like chocolate, candy, cakes and chips should be limited. Instead, fresh fruit is a healthy alternative. One note of caution, however – apples sometimes worsen constipation. If this is the case with your child, avoid them.

MEDICATION

Your doctor may prescribe a short course of laxatives or stool softeners in small children. It is important not to give laxatives indiscriminately, without the doctor's advice, since in the long run laxative overdosage can itself lead to poor bowel habits and constipation. It is best not to use suppositories or manual stimulation of the rectum with a finger in an infant, unless specifically recommended by your doctor.

In the older child, the treatment course may be longer and have several stages. Initially, enemas may be prescribed to empty the bowel. This may be followed by a course of laxatives that may be for several weeks.

BEHAVIOR MODIFICATION

It is extremely important to teach the child proper bowel habits, otherwise the problem may recur and may even cause difficulties in adulthood. The child should be encouraged to sit on the toilet regularly, atleast twice daily for a minimum of five minutes each time. He should be taught that having a bowel movement is a natural process and that there is nothing to be ashamed of. It should be emphasized that these activities are not punishment or criticism. A lifelong pattern of eating a high fiber diet should be encouraged – in addition to preventing constipation, high dietary fiber has also been shown to reduce the incidence of colon cancer in adults.