

Facts about constipation

Do you know that:

- ▶ Bowel problems are not uncommon in children with Down syndrome with coeliac disease affecting 16% and Hirschsprung's disease affecting 15%. As a result, both these conditions need to be excluded when any constipation fails to respond to treatment.
- ▶ Constipation affects up to 70% of children with Down syndrome.
- ▶ 'Slow gut transit' may be a contributory factor so needs to be considered when treating the constipation.
- ▶ Constipation will never get better on its own.
- ▶ Children will not 'grow out of it'.
- ▶ Constipation is not a 'benign' condition and if not resolved will go on to have an impact on the child's overall health and wellbeing.
- ▶ Although diet and fluid intake can help prevent constipation, once established constipation should always be treated with laxatives
- ▶ Affected children should be kept under regular review to enable any treatment to be adjusted as and when necessary.
- ▶ The 'correct' treatment regime should resolve the constipation and enable the child to pass regular soft formed stools with no problems.

Prevention is better than cure!

As constipation is a common problem that often starts when weaning, strategies should be put in place to both help prevent constipation developing and also manage it more effectively if already established.

These strategies include:

- ▶ Introducing sitting / supporting on a potty once weaning commences – this ‘squat’ position with hips flexed and knees bent relaxes the pelvic floor and makes opening the bowels much easier.
- ▶ Abdominal massage has also been shown to help improve peristalsis (the muscular movement of the bowel). Speak to your HV or physiotherapist about it.
- ▶ Ensuring a good fluid intake as dehydration can be a contributory factor.
- ▶ Introduce sorbitol rich fruit purees - particularly those with stones such as plums (prunes) and peaches etc.
- ▶ Encourage soluble fibre food (such as porridge oats) rather than insoluble fibre foods (such as Weetabix).
- ▶ Seek advice from your healthcare professional if your child’s stool frequency reduces and/or the consistency becomes harder or like ‘rabbit droppings’.

Improving outcomes if you think your child is constipated

To ensure that any treatment is effective we recommend that:

- ▶ You arrange to see your GP to establish if constipation is present.
- ▶ If constipation is confirmed, request a prescription for a softener – a macrogol – such as CosmoCol, Laxido, or Movicol as recommended by NICE
- ▶ Don't be fobbed off with dietary advice alone – you've done all that! Insist on a prescription for laxatives.
- ▶ Continue with the previous dietary advice and potty sitting etc.
- ▶ Give the laxative as directed and if there is no improvement after a week then do discuss with your GP regarding increasing the dose if not previously advised to do so.
- ▶ If despite increasing the dose there is still no improvement in the constipation, then discuss the benefit of introducing a stimulant laxative (such as senna or sodium picosulphate) with your GP.
- ▶ If the constipation and associated symptoms such as bloating and soiling continues, despite doing all the above, a specialist referral for further investigation and treatment should be made.

Further information

- ▶ NICE guidance Childhood Constipation – assessment and treatment
www.nice.org.uk/guidance/cg99
- ▶ NICE recommendations re laxatives
www.cks.nice.org.uk/topics/constipation-in-children/prescribing-information/doses-titration/

For more information regarding managing constipation and toilet training children with Down syndrome see

- ▶ www.downsyndromeuk.co.uk/health/constipation/
- ▶ www.downsyndromeuk.co.uk/parents/toiletraining/



www.downsyndromeuk.co.uk | **0300 111 2121** | info@downsyndromeuk.co.uk

Pants4School is a DSUK initiative | Registered charity number 1184564