

Constipation in children and young people

Implementing NICE guidance

May 2010

NICE clinical guideline 99



What this presentation covers

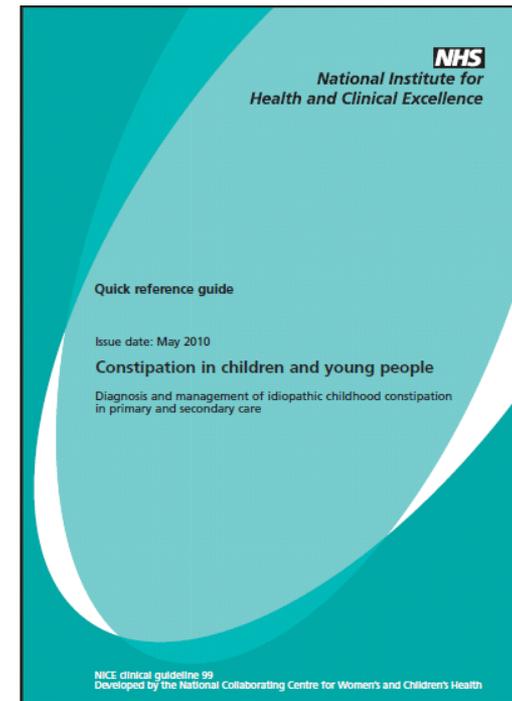
Background

Scope

Key priorities for implementation

Discussion

Find out more



Background

- Prevalence of constipation: around 5–30% of children
- Exact cause not fully understood, signs and symptoms may not be recognised
- Common reason for referral to secondary care
- Families may be given conflicting advice
- Early identification and effective treatment improves outcomes

Scope

Diagnosis and management of idiopathic childhood constipation in primary and secondary care

Covers newborns, infants and children and young people up to their 18th birthday who have idiopathic constipation

Does not cover constipation with a known cause

Definitions

- Idiopathic constipation
- Encopresis
- Disimpaction
- Faecal impaction
- Hirschsprung's disease
- Intractable constipation
- Rome (II & III) criteria

Key priorities for implementation

- History-taking and physical examination
- Digital rectal examination
- Disimpaction
- Maintenance therapy
- Diet and lifestyle
- Information and support

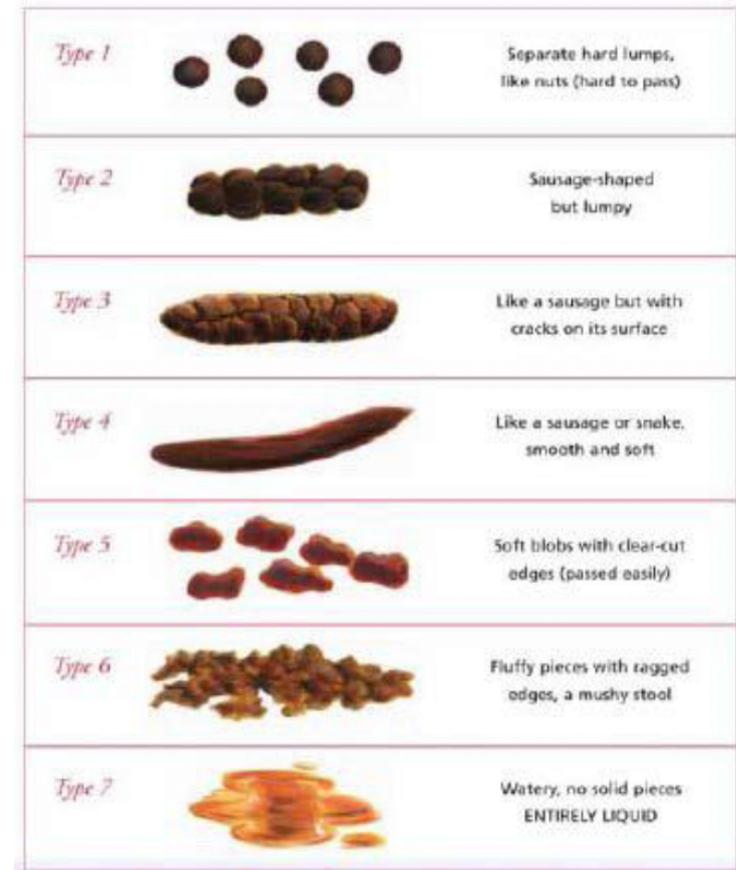
History-taking and physical examination: 1

- Establish whether the child or young person has constipation
- Establish a positive diagnosis of idiopathic constipation by excluding underlying causes

History-taking and physical examination: 2

Bristol Stool Form Scale Types:

1. separate hard lumps
2. sausage shaped but lumpy
3. like a sausage but with cracks
4. like a sausage, smooth and soft
5. soft blobs with clear cut edges
6. fluffy pieces with ragged edges
7. entirely liquid



History-taking and physical examination: 3

- Offer a physical examination to establish idiopathic constipation
- Inform the child or young person and their parents of a diagnosis
- Reassure them that there is a suitable treatment

Digital rectal examination

Children older than 1 year with a possible underlying disorder

- Do not perform a digital rectal examination
- Refer urgently to a healthcare professional competent to perform the examination and interpret features of anatomical abnormalities or Hirschsprung's disease

Clinical investigations

Recommendations on **not** using:

- endoscopy
- manometry
- radiography
- ultrasound
- transit studies
- rectal biopsy

Disimpaction: 1

- Assess for faecal impaction
- Use history taking and physical examination to diagnose faecal impaction
- Look for overflow soiling and/or faecal mass palpable abdominally and/or rectally

Disimpaction: 2

- Offer oral medication for disimpaction
- Inform families that disimpaction can initially increase:
 - symptoms of soiling
 - abdominal pain

Maintenance therapy

- Offer oral medication for ongoing treatment
- Continue maintenance dose after regular bowel habit is established
- Reduce the dose over a period of months in response to stool consistency and frequency

Diet and lifestyle: 1

- Do not use dietary interventions alone as first-line treatment
- Treat constipation with:
 - laxatives
 - negotiated non-punitive behavioural interventions
 - dietary modifications and sufficient fluid consumption

Diet and lifestyle: 2

	Total water intake per day, including water contained in food	Water obtained from drinks per day
Infants 0–6 months	700 ml assumed to be from breast milk	
7–12 months	800 ml from milk and complementary foods and beverages)	600 ml
1–3 years	1300 ml	900 ml
4–8 years	1700 ml	1200 ml
Boys 9–13 years	2400 ml	1800 ml
Girls 9–13 years	2100 ml	1600 ml
Boys 14–18 years	3300 ml	2600 ml
Girls 14–18 years	2300 ml	1800 ml

Information and support

Provide tailored follow-up, including:

- telephoning or face-to-face talks
- detailed evidence-based information
- verbal information
- contact with specialist healthcare professionals, including school nurses
- referral to an expert practitioner if treatment does not work within 3 months

Discussion

- What support, for example training, will team members need?
- How do we provide information for children and young people with constipation and their parents?
- How do we involve school nurses in the care of these children and young people with constipation?
- How can commissioning positively impact on early identification and management?
- How can pharmacists support medicines adherence?

Find out more

Visit www.nice.org.uk/CG99 for:

- the guideline
- the quick reference guide
- ‘Understanding NICE guidance’
- Costing report and statement
- audit support
- factsheet
- discharge advice
- template for history taking