

# FACTS ABOUT CONSTIPATION

## Did 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](http://www.nice.org.uk/guidance/cg99)
- NICE recommendations re laxatives  
<https://cks.nice.org.uk/topics/constipation-in-children/prescribing-information/choice-of-laxatives/>

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

[www.downsyndromeuk.co.uk/health/constipation/](http://www.downsyndromeuk.co.uk/health/constipation/)



[www.downsyndromeuk.co.uk/parents/toilettraining/](http://www.downsyndromeuk.co.uk/parents/toilettraining/)

