HCP factsheet

Little™ Things Matter

Constipation in children

Constipation is one of the most common conditions seen in children, affecting nearly one in three children.[1–3]

Stages in childhood when constipation is most common

Introduction of solid foods → **During toilet training** → **When a child begins schooling**

Causes of constipation

Constipation can happen for several reasons:[3,4]

Diet

A low-fibre diet may cause or worsen constipation in children.

Naturally slow gut movements

Longer colonic transit time in constipated children (>100 hours vs 25–44 hours in non-constipated children).

Bowel habits

Behaviour of 'holding on' or ignoring the urge to defecate may increase the density of the stool, making it more painful to pass.

Anal fissures

The presence of anal fissures in children with constipation may result in further holding on behaviour.

Identify your patients' changes in bowel habits

The Bristol Stool Form chart is a commonly used method to help diagnose paediatric constipation. Use the chart to help your patients classify and discuss their bowel habits without becoming embarrassed.

Tip: Ideal bowel movement should be a soft, smooth stool that looks like a sausage (Type 4 on the Bristol Stool Form Scale)[5]

Type 1		Separate hard lumps, like nuts
Type 2		Sausage-like but lumpy
Type 3		Like a sausage but with cracks in the surface
Type 4		Like a sausage or snake, smooth and soft ✔
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

The Bristol Stool Form Scale was developed at the University of Bristol, UK.
Please note this is only a guide and should not be used as an exact measure.

Management of constipation in children

Principles underlying constipation management[6]

Soften the stool to eliminate the fear of painful defecation	Empty the rectum (if impacted) and keep it empty	Encourage good toilet habits

The Therapeutic Guidelines recommend:[6]

- Non-pharmacological measures as the first-line option for treating mild paediatric constipation
- Pharmacological management in children when behavioural and dietary approaches have been ineffective

Non-pharmacological methods for treating mild paediatric constipation:

Fibre Fibre absorbs water in the colon to increase faecal bulk.[7] Increasing dietary fibre alone may help prevent further episodes of constipation but is not an adequate treatment.[2]	**Changing mealtimes** For children who withhold defecation at school, eating breakfast earlier may help encourage a bowel movement before leaving home.
Exercise Increasing physical activity may help improve bowel habits.[2]	**Fluids** Fluids help ensure normal bowel movements.[2]

Pharmacological management for treating paediatric constipation[4]

First-line treatment

Stool softeners
e.g. liquid paraffin, poloxamer, docusate

Osmotic laxatives
e.g. lactulose, macrogols, glycerol

- **Liquid paraffin** acts as a lubricant and is a non-absorbable oil that alters stool composition while assisting with lubricating stools though the colon[7,8]
- **Stool softeners** such as docusate and poloxamer facilitate the mixture of water into faeces and may increase intestinal fluid secretion[7,8]
- **Osmotic laxatives** are poorly absorbed compounds to help draw water into the intestinal lumen and soften faecal mass. Osmotic laxatives may cause bloating, distension and flatulence, which may limit their use[7,8]

Second-line treatment

Stimulant laxatives
e.g. bisacodyl, senna, dodium picosulfate

- **Stimulant laxatives** stimulate nerve endings in the colon making the rectum feel fuller and intensifying contractions.[7] This results in more regular and small stools. Stimulant laxatives should only be used in children where first-line therapy has been ineffective[4,6]

Pharmacological management should not replace good toileting habits

Little Parachoc™[7]

Little Parachoc is used for the relief of constipation in children from 1 year of age. It contains 50% liquid paraffin. As Little Parachoc does not contain any bowel stimulant, it is suitable for long-term use (with the advice of a healthcare professional). Little Parachoc should not be used in children under 2 years of age without the advice of a health professional.

Benefits of Little Parachoc

- ✔ Suitable from 1 year of age
- ✔ Gently lubricates the bowel wall and softens the faecal mass
- ✔ Great tasting chocolate vanilla flavour
- ✔ Contains no lactose, sugar, casein, gluten, egg, soy, nuts or peanuts

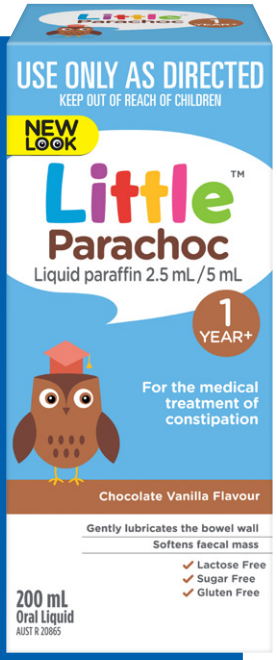
How should my patients use Little Parachoc?

Take Little Parachoc once-daily, two hours (or more) before lying down.

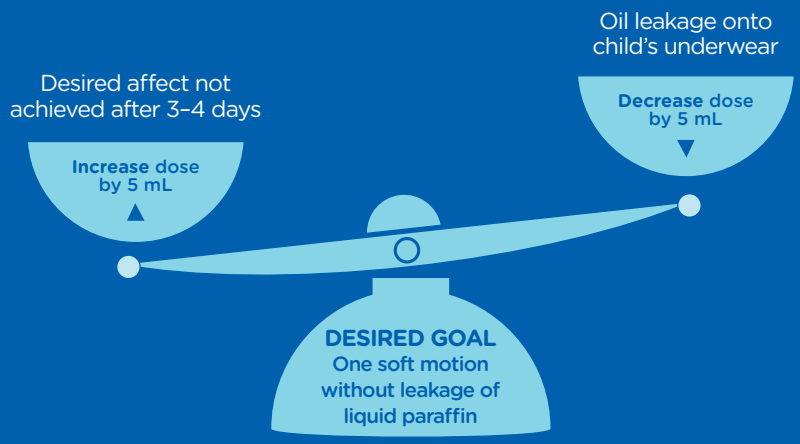
Starting dose

Recommended Little Parachoc starting dose

AGE (YEARS)	STARTING DAILY DOSE (mL)
1–6	10–15
7–12	20
12+	40



Dose titration



It may take up to 4 days for the change in dose to work. Advise your patients to maintain the new dose for at least 4 days before assessing its effectiveness.

Little Parachoc can be taken on its own or mixed with cold milk, flavoured drinks or yoghurt for convenience.

References: 1. Nurko S and Zimmerman L. Evaluation and treatment of constipation in children and adults. *Am Fam Physician*. 2014; 90:82–90. **2.** van den Berg MM *et al*. Epidemiology of childhood constipation: a systematic review. *Am J Gastroenterol*. 2006; 101:2401–9. **3.** Benninga MA *et al*. Colonic transit time in constipated children: does paediatric slow-transit constipation exist? *J Ped Gastroenterol Nut*. 1996; 23:241–51. **4.** Royal Children's Hospital. Constipation: Clinical Practice Guidelines. Available from www.rch.org.au/clinicalguide/guideline_index/Constipation [Accessed March 2019]. **5.** Heaton KW and Lewis SJ. Stool form scale as a useful guide to intestinal transit time. *Scand J Gastroenterol*. 1997; 32:920–4. **6.** Therapeutic Guidelines. Functional constipation. Available from www.tg.org.au [Accessed May 2019]. **7.** AMH Australian Medicines Handbook Adelaide: Australian Medicines Handbook Pty Ltd; 2017. Available from amhonline.amh.net.au/ [Accessed March 2019]. **8.** Selby W and Corte C. Managing constipation in adults. *Aust Prescr*. 2010; 33:116–9.

For more information please contact Care Pharmaceuticals, Suite 302, Level 3, 75 Grafton Street, Bondi Junction NSW 2022, FREECALL 1800 788 870. Date of preparation: September 2019. ZEST/CARP006/0919

Care Pharmaceuticals

Little™ Things Matter

This information is strictly intended for use by health professionals only.