

Copyright © 2007 by The Salem News  
Reprinted with permission

February 1, 2007

By Dr. Edward Bailey  
Chief of Pediatrics,  
NSMC North Shore Children's Hospital



### Helping toddlers through a common, frustrating problem

A distressed parent recently expressed frustration concerning her toddler's recurrent constipation.

Although treated with laxatives, as suggested by the child's pediatrician, the toddler continues to experience significant discomfort when having a bowel movement, an event that happens only every two or three days.

Because initial therapy has been ineffective, the parents are worried about the possibility of an undiagnosed medical condition. In addition, they feel helpless addressing a natural bodily function that causes their child such pain and they want an immediate solution to the problem.

Constipation, defined as fewer than seven stools every 14 days or the infrequent passage of very hard, painful stools, is very common in children. While it may be reassuring to some parents to know that one in 20 preschoolers suffers from this condition for more than six months, when it's their child who is suffering, they want a cure.

Appropriate treatment and intervention depend on the cause of the problem, of which there are many. In rare cases, constipation may be medically serious or related to inherited physical conditions, but most of the time it is linked to simple dietary or behavioral issues.

The condition frequently begins its cycle when a child has a painful bowel movement. The next time the urge to go occurs, to avoid the pain associated with evacuation, the toddler withholds. Of course, every time nature takes its course the pain increases, reinforcing the wisdom of the decision to again withhold. Over a prolonged period, the bowel can actually stretch, losing tone and the ability to contract and evacuate properly.

Other childhood events can also set the cycle in motion, including toilet training at a time when children are typically ambivalent about giving up control. When children are sick, they will often be less active, eat and drink less and suffer mild dehydration - all of which can set the constipation cycle in motion. Once started, the cycle is hard

to break, as every painful incident reinforces for the child that the decision to withhold was the correct one.

There are as many intervention strategies as there are pediatricians. All are likely, however, to involve a balanced diet that includes moderate amounts of dairy products, fruits, lots of fiber, and real fruit juice, water or liquids other than milk. A regular toileting schedule that allows sufficient time at consistent times during the day can be very beneficial. If your child goes to day care, make certain that day-care providers follow parents' instructions. Offering simple incentives, including praise or a simple treat for hard work and good results, is also a good idea.

When simpler methods are inadequate, aggressive intervention may be needed before the cycle is well established both in terms of behavior and anatomy. The most effective strategy involves completely emptying the bowel at the start of treatment. The use of appropriately sized suppositories or enemas is safe and effective. This "fresh start" is then rigidly followed by the use of laxatives or stool softeners, in association with a proper diet, for at least six months. This lengthy treatment is essential, because it allows the memory of discomfort to dissipate, the bowel to heal and shrink, and time for healthy habits to form.

For more detailed advice regarding specific medications and doses, speak with your pediatrician, who is quite familiar with the problem. In the meantime, be reassured that constipation is a common problem, successfully confronted by parents every day. More on this topic is also available at the American Academy of Pediatrics Web site at [www.aap.org](http://www.aap.org).

Dr. Edward Bailey is chairman of pediatrics at NSMC North Shore Children's Hospital, on staff at Massachusetts General Hospital for Children, and a father of three. He can be contacted at NSMC North Shore Children's Hospital, 57 Highland Ave., Salem, MA 01907 or at [ebailey@aap.org](mailto:ebailey@aap.org)