Treatment for Pediatric Functional Constipation

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PG-SIG Case Conference

6-6-22

Articles

Last Month's Journal Article:

- Lamparyk, K., Mathis, M., Piorkowski, L., Polasky, S., Gross, M., & Feinberg, L. (2022). Development and evaluation of an interdisciplinary group intervention for pediatric functional constipation. Clinical Practice in Pediatric Psychology.
  - https://doi.org/10.1037/cpp0000435

Our Clinical Case Conference Article:

- Thompson, A. P., Wine, E., MacDonald, S. E., Campbell, A., & Scott, S. D. (2021). Parents' experiences and information needs while caring for a child with functional constipation: a systematic review. Clinical Pediatrics, 60(3), 154-169.
  - https://journals.sagepub.com/doi/10.1177/0009922820964457

Psychosocial Treatment of Pediatric Constipation with Special Attention To Caregiver Needs

- Based on clinical recommendations from NASPGHAN and ESPGHAN, the primary role for psychological support may lie in the "demystification, explanation, and guidance for toilet training (in children with a developmental age of at least 4 years) in the treatment of childhood constipation"

(Tabbers et al., 2014)

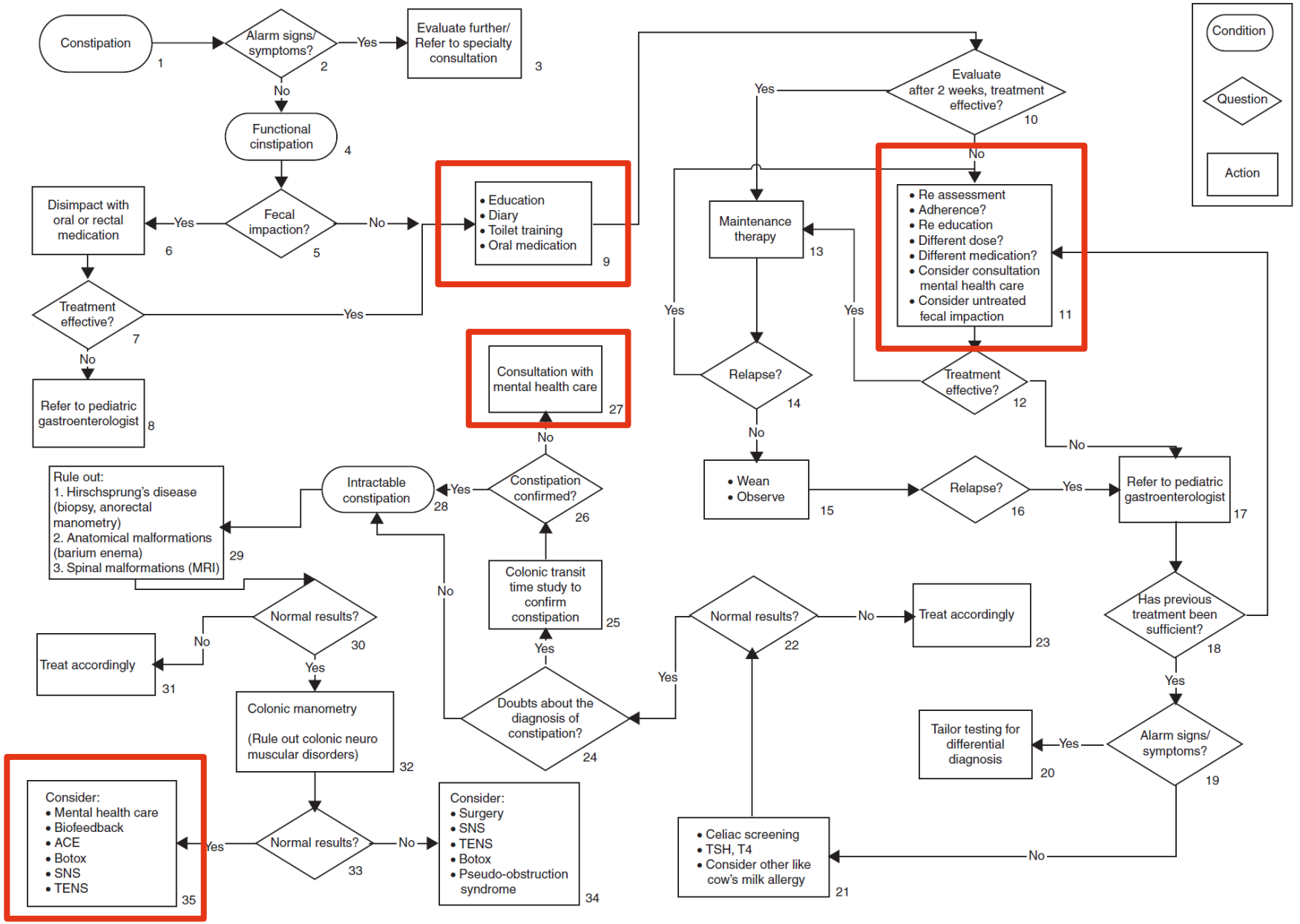


FIGURE 2. Algorithm for the evaluation and treatment of infants ≥6 months of age. ACE = antegrade continence enema; MRI = magnetic resonance imaging; SNS = sacral nerve stimulation; TENS = transcutaneous electric nerve stimulation; TSH = thyroid-stimulating hormone.

(Tabbers et al., 2014)

Considerations for Initiating Treatment: Profound and Pervasive Effects

- Functional constipation is common but often undertreated in primary care
- Symptoms often present months or years before families seek help and the burden of FC is significant
  - HRQoL of caregivers and family functioning may be negatively impacted
  - Caregiver distress and worry about social impact may be high, particularly if fecal incontinence
- Caregivers may be frustrated by a lengthy timeline before receiving a clear, explicitly communicated diagnosis of functional constipation
  - They may feel that their child's FC has gone unrecognized, dismissed, or their concern is an overreaction to a benign concern
- Need to have an attentive and supportive stance for rapport building

(Thompson et al., 2021)

Treatment of Pediatric Constipation with Special Attention To Caregiver Needs

- Initiation of treatment
  - Explanation of a biopsychosocial model of care
    - Address medical, emotional, behavioral factors in functional constipation and toileting challenges
  - Pediatric GI performs medical examination: stool burden, order additional testing if needed, adjust medications (i.e., cleanout regimen if needed)
  - Psychologist performs psychosocial history and provides education on bowel movements
    - Orient child and caregivers to goals of work together and initial treatment planning

(Lamparyk et al., 2022)

Medical Guidelines and Recommendations for Treatment

- Therapeutic Recommendations for Children with Constipation – Evidence-Based Recommendations from ESPGHAN and NASPGHAN
  - Normal fiber intake, fluid intake, physical activity
  - Not recommended: routine use of prebiotics, probiotics, biofeedback
  - First Line Treatment
    - Polyethylene Glycol (PEG) with or without electrolytes for fecal impaction
    - Daily enemas, if PEG not available,
  - First Line Maintenance
    - PEG with or without electrolytes
    - Lactulose if PEG unavailable
  - Additional or Second Line Treatments
    - Milk of magnesia, mineral oil, stimulant laxatives
  - Maintenance treatment should continue for at least 2 months with all symptoms resolved for at least 1 month before discontinuation; treatment decreased gradually

(Tabbers et al., 2014)

Psychosocial History

- Establish duration of symptoms and treatment course to date
  - Recognize cumulative effects of FC on a child, parents, and family unit and how that may contribute to parents' reluctance to seek medical help
    - Assess for shame, embarrassment and guilt (common barriers)
    - Allow parents to openly discuss FC symptoms- physical, psychological, social, financial and family functioning effects
- Identify concerns associated with FC (e.g., child's social well-being, financial)
- Developmental history (e.g., developmental delay, intellectual disability, autism)
- Mental health history (e.g., anxiety: fears/phobias; trauma: sexual abuse; depression; eating disorder)
- Social history (e.g., changes: school, home, family; travel)
- Behavioral history (e.g., concerns with compliance, tantrums etc.)
- Medical history (e.g., new medicines, diet changes, fissure)
- Toileting History (e.g., stage in potty training, impaction, encopresis, leaking, urinary incontinence)

(Tabbers et al., 2014; Thompson et al., 2021)

Precarious Footing and Initial Education

- Caregivers may come in with a combination of accurate knowledge, information gaps, and misinformation about condition and treatment
  - May also have feelings of guilt or shame and have received mixed messages from care providers
- Providing adequate information is a necessity and leads to better outcomes: handouts!
- Regardless of time since dx, parents should be offered detailed teaching about pathophysiology of FC, with particular attention to explaining episodes of soiling
  - Some parents believe fecal incontinence is caused by negative personality traits or intentional misbehavior → dismissive attitude
    - Think child is lazy or not trying hard enough
    - Soiling is deliberate act of defiance or done to gain attention
    - Parents feeling shame for child's condition, may avoid discussing with peers or health care providers
    - Connected to response style of "blame and punish"
- Education on etiology of functional constipation
  - Interplay between medical and behavioral/emotional factors
  - Self-reinforcing cycle

(Thompson et al., 2021)

Initial Education and Doubts About Medications

- Educate on bowel movements
  - Frequency and consistency
- Reinforce pharmacological recommendation from GI
  - High rates of nonadherence to PEG treatment
  - Ensure parental understanding of medication use and safety
  - Parents frequently have unanswered questions about whether long-term laxative use would cause dependence and may be ill-prepared to manage side effects or to titrate doses to achieve optimum results
  - Explore potential barriers to medication use
    - Emotional burden associated with medication use as source of parent-child conflict
    - Recognize parental level of health literacy
    - Low treatment satisfaction related to side effects of medication (e.g., orange liquid discharge related to mineral oil)
  - Explicitly consider larger contextual influences – family dynamics, school or work timing, financial resources etc.
    - May offer greater parental sense of control and improve ability to implement complex treatment plans

(Thompson et al., 2021)

Initial Education and Tracking

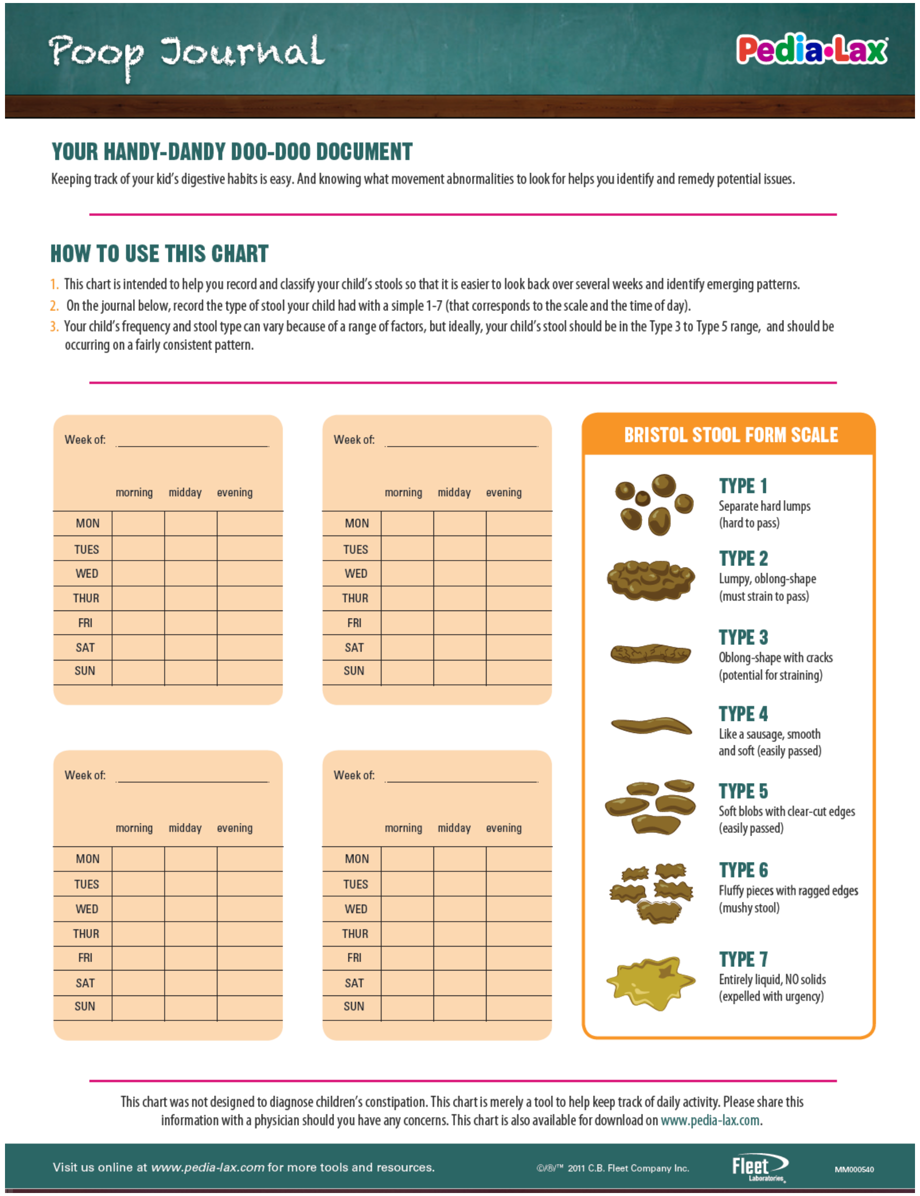
Discuss treatment process in a shared decision-making approach

- Ultimate goal: eliminate accidents an develop independent toileting
- Other short-term goals: tracking BM, shaping toileting behaviors

Teach families to monitor and record the child's bowel movements

- Team effort

(Lamparyk et al., 2022)



Poop Journal

Pedia-Lax

YOUR HANDY-DANDY DOO-DOO DOCUMENT

Keeping track of your kid's digestive habits is easy. And knowing what movement abnormalities to look for helps you identify and remedy potential issues.

HOW TO USE THIS CHART

1. This chart is intended to help you record and classify your child's stools so that it is easier to look back over several weeks and identify emerging patterns.
2. On the journal below, record the type of stool your child had with a simple 1-7 (that corresponds to the scale and the time of day).
3. Your child's frequency and stool type can vary because of a range of factors, but ideally, your child's stool should be in the Type 3 to Type 5 range, and should be occurring on a fairly consistent pattern.

Week of: ____________

	morning	midday	evening
MON			
TUES			
WED			
THUR			
FRI			
SAT			
SUN			

Week of: ____________

	morning	midday	evening
MON			
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WED			
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Week of: ____________

	morning	midday	evening
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BRISTOL STOOL FORM SCALE

TYPE 1 Separate hard lumps (hard to pass)

TYPE 2 Lumpy, oblong-shape (must strain to pass)

TYPE 3 Oblong-shape with cracks (potential for straining)

TYPE 4 Like a sausage, smooth and soft (easily passed)

TYPE 5 Soft blobs with clear-cut edges (easily passed)

TYPE 6 Fluffy pieces with ragged edges (mushy stool)

TYPE 7 Entirely liquid, NO solids (expelled with urgency)

This chart was not designed to diagnose children's constipation. This chart is merely a tool to help keep track of daily activity. Please share this information with a physician should you have any concerns. This chart is also available for download on www.pedia-lax.com.

Visit us online at www.pedia-lax.com for more tools and resources.

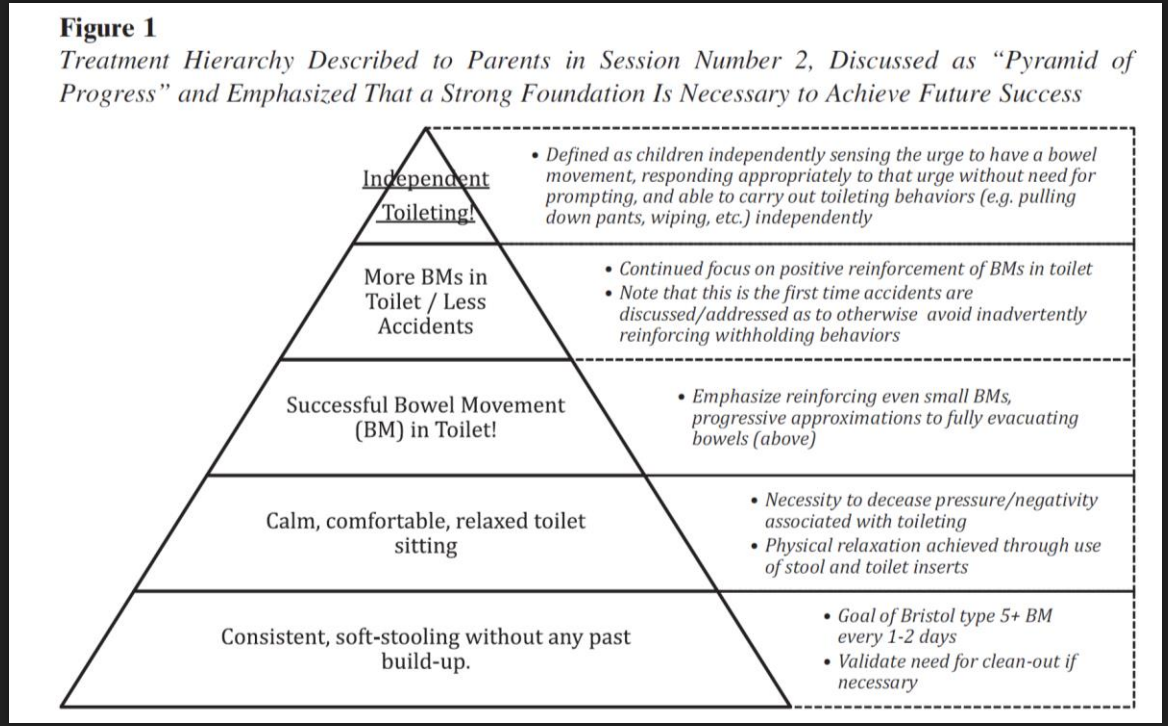
Fleet Laboratories

MM000540

Overview of Treatment Approach

- A) Regular soft bowel movements
- B) Positive and relaxed toilet sits
- C) Successful BM in toilet
- D) Reducing and eliminating accidents
- E) Independent toileting

Treatment Hierarchy

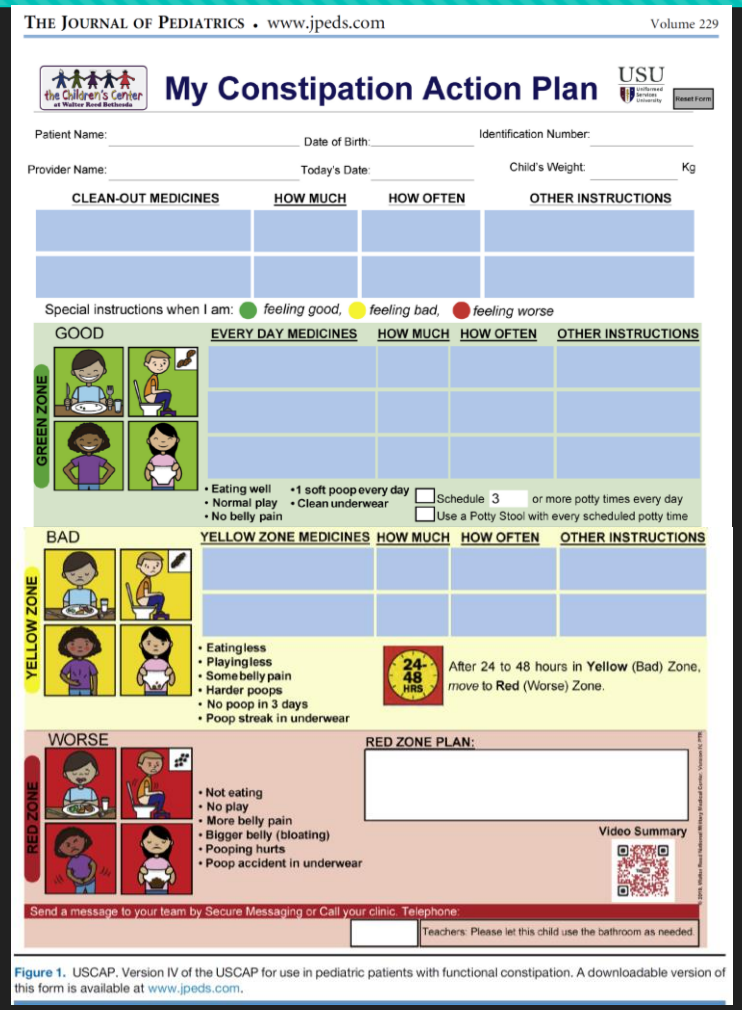


(Lamparyk et al., 2022)

Caregiver Education

- Goal: Consistent soft bowel movements without build up
- Goal: Positive and relaxed toilet sits
  - Develop toilet sitting schedule
  - Teach behavioral reinforcement strategies to address challenging behaviors
    - Eliminate potentially punishing consequences related to toileting as they inadvertently reinforce withholding behaviors
      - Guilt/shame
      - Punishment or over attending to accidents
      - Significant pressure for toileting
  - Model relaxed approach to toileting
  - Increase reinforcement strategies
    - Affirming language related to toileting behaviors
    - Tangible reinforcements as needed
      - Books or activities during toileting time
      - Earning tangible reward for appropriate toileting behaviors (reward chart)

(Lamparyk et al., 2022)



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My Constipation Action Plan

Patient Name: Date of Birth: Identification Number:

Provider Name: Today's Date: Child's Weight: Kg

CLEAN-OUT MEDICINES	HOW MUCH	HOW OFTEN	OTHER INSTRUCTIONS

Special instructions when I am: *feeling good,* *feeling bad,* *feeling worse*

GREEN ZONE — GOOD

EVERY DAY MEDICINES	HOW MUCH	HOW OFTEN	OTHER INSTRUCTIONS

- Eating well
- Normal play
- No belly pain
- 1 soft poop every day
- Clean underwear

☐ Schedule 3 or more potty times every day
☐ Use a Potty Stool with every scheduled potty time

YELLOW ZONE — BAD

YELLOW ZONE MEDICINES	HOW MUCH	HOW OFTEN	OTHER INSTRUCTIONS

- Eating less
- Playing less
- Some belly pain
- Harder poops
- No poop in 3 days
- Poop streak in underwear

24-48 HRS — After 24 to 48 hours in **Yellow** (Bad) Zone, *move* to **Red** (Worse) Zone.

RED ZONE — WORSE

- Not eating
- No play
- More belly pain
- Bigger belly (bloating)
- Pooping hurts
- Poop accident in underwear

RED ZONE PLAN:

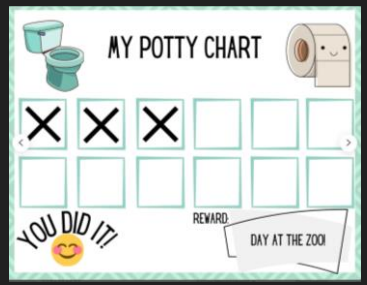
Video Summary

Send a message to your team by Secure Messaging or Call your clinic. Telephone:

Teachers: Please let this child use the bathroom as needed.

Figure 1. USCAP. Version IV of the USCAP for use in pediatric patients with functional constipation. A downloadable version of this form is available at www.jpeds.com.

(Reeves et al., 2021)



Considerations for Supporting Caregivers

- Caregivers may feel parental guilt, self-blame or shame related to child's FC
  - May feel judged by others: family, friends, teachers, other health care providers
  - May have received implicit or explicit suggestion that parent bares responsibility
- Behavioral interventions can be taxing and lead to frustration
  - Parents often feel emotionally overwhelmed and lack of support when implementing
    - Familial conflict- child noncompliance and refusal in response to toilet routine and subsequent parental anger
- Enormous pressure to continuously monitor child's BM while balancing increased costs and time associated with laundry, behavioral interventions, attending appointments and administering medications
    - Feeling of all-consuming
- Children respond to treatment better when parents are less stressed
  - Importance of acknowledging and addressing parents' needs for support
- Interdisciplinary care models with more frequent visits and as-needed contact with health care providers during symptomatic exacerbations or periods of uncertainty show promise

(Thompson et al., 2022)

Caregiver Education and Support

- Goal: Instill hope and continued engagement
  - Mechanics of having a BM
  - Factors contributing to soft, comfortable BM
    - Stool, child-insert
    - Relaxed sphincter
  - Appropriate muscles (lower abdominal) for "pushing" out stool
  - Strategies of "blowing" to engage muscles

(Lamparyk et al., 2022)

Caregiver Education and Support

- Goal: Instill hope and continued engagement
  - Overview of dietary and medication guidance for managing constipation
    - Mechanism of action of Polyethylene Glycol
    - Common misconceptions on the importance of dietary recommendations
      - No support for regular use of fiber supplementation or eliminating specific food groups
    - Families may overestimate the role of diet- fiber and fluid intake in treatment
      - Beliefs may stem from media, family, friends and other health care providers
    - If there are dietary recommendations consider
      - Difficulty applying dietary knowledge (e.g., Understanding fiber level of foods)
      - Practical challenges to implementing dietary changes (e.g.,)Child refusal to eat certain foods
    - Inform of more advanced intervention options
      - E.g., anorectal manometry with biofeedback, adjunctive medication or exposure therapy targeting persistent toileting anxiety

(Lamparyk et al., 2022)

Caregiver Education and Support

Goal: Encourage independent problem solving and confidence in managing high-relapse-prone situations

- Introduce problem solving strategies
- Discuss hypothetical situations that may come up
  - Brainstorm list of common situations
    - Focus on factors that alter or negatively impact the child's diet, stress, and/or routine
  - Brainstorm ideas for how to handle situations
    - Prevention vs proactive responsiveness
- Reinforce general treatment guidelines
  - Continued monitoring of BM patterns and proactive behavioral and pharmacologic treatment to avoid future fecal impaction
- Review behavioral plan and modify as needed

(Lamparyk et al., 2022)

Education for Children

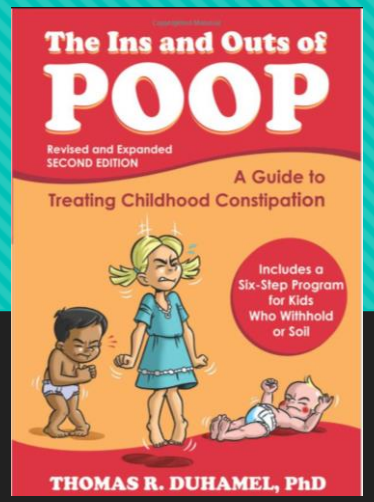
- **Goals**:
  - Increase motivation to engage in appropriate toileting behaviors and increase their likelihood of successful BMs
  - Decrease withholding behaviors
  - Increase cooperation and relaxation during scheduled sitting time
  - Engage lower abdominal muscles to "blow out poop" by using bubbles and pinwheels

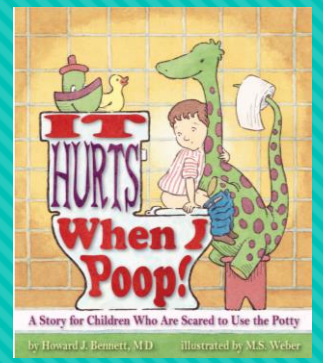
(Lamparyk et al., 2022)

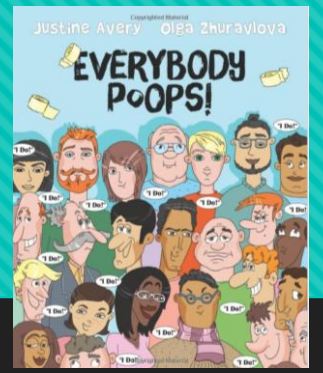
(NCPMI Self-Regulation Skills: Breathing Strategies)

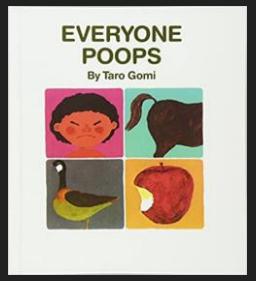
Education for Children

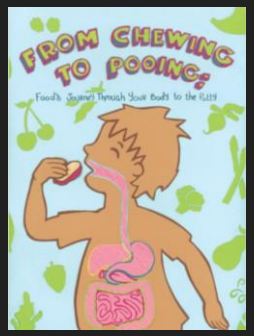
- **Education Topics**:
  - Structure and function of the GI system
  - "Where poop comes from"
  - Normalize experience of pooping
  - Complications of withholding bowel movements
  - Stool consistency and how to use the Bristol Stool Chart
  - Importance of regular BM to prevent pain and discomfort
  - Mechanics of having a BM
  - Factors contributing to soft, comfortable BM
  - Dietary factors
  - Liquid consumption
  - Medication adherence
  - Muscular relaxation strategies (Lamparyk et al., 2022)

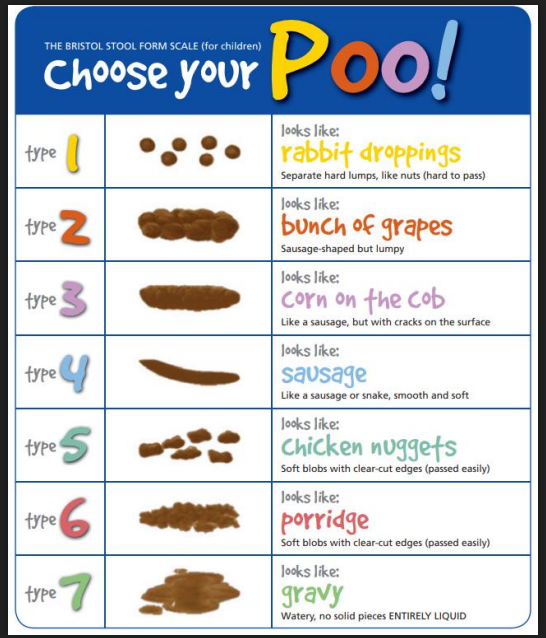


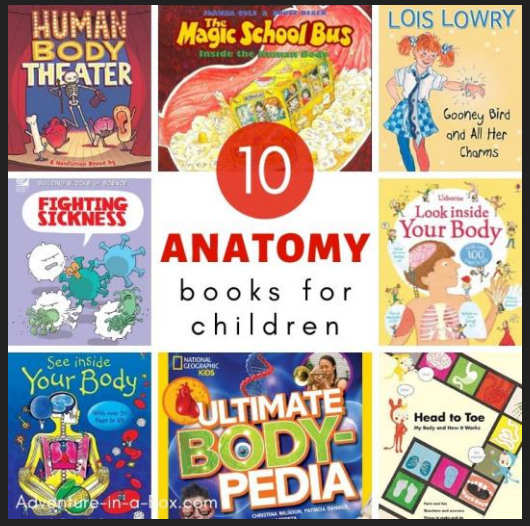












Education for Children

- **Goal**: Increase motivation to engage in appropriate toileting behaviors and increase their likelihood of successful BMs
  - Teach active coping strategies for tolerating scheduled toilet sits (e.g., distraction)
  - Teach relaxation strategies for relaxed muscles during scheduled sits
  - Teach toileting behavior plan - collaboratively developed with caregivers

(Lamparyk et al., 2022)

KidHealth Tracker - Etsy

Child Education and Support

REVIEW PREVIOUSLY LEARNED MATERIAL AND BEHAVIORAL REINFORCEMENT STRATEGIES TO SUPPORT MOTIVATION AND ADHERENCE TO BEHAVIORAL AND PHARMACOLOGICAL RECOMMENDATIONS

REINFORCE TREATMENT GAINS

(Lamparyk et al., 2022)

Treatment Components for FC

Empathy with challenges/listen to story

Psychoeducation – child and caregivers

- Physiology related to constipation
- Bristol Stool Chart
- Behavior monitoring and recording
- Constipation management and rationale (toilet sitting regimen, potty posture)
- Behavior management
- Parents role in treatment process

Anticipating and problem-solving regarding challenges with caregiver

Addressing adherence and consistency

Treatment Components for FC

CBT

- Relaxation training – belly breathing
- Exposure therapy for anxiety
- Cognitive therapy for fears
- Use of behavior modification chart
- Shaping
- Management of oppositional behavior

Dietary/hydration

Exercise

School accommodations

Case 1

- 6 yo Caucasian female
- Lives with maternal great great grandmother
- Rising 1st grader
- New patient presenting to Pediatric GI Clinic for management of constipation and encopresis

Case 1

- Risk Factors
  - Maternal prenatal substance use
  - Sexual abuse at 5 yo
  - Separation Anxiety
  - Caregiver has poor boundaries
  - Caregiver lacks education about treatment of constipation and behavior management/resistance
  - Great great grandfather – history of alcoholism and deceased
  - Duration of issue
  - Acid reflux history
- Protective Factors
  - Has lived with caregiver since birth
  - Good grades
  - Has friends
  - History of prior counseling
  - Motivated to seek help at present
  - Patient seems motivated by rewards
  - Compliant with medical regimen to date

Case 1

- Toileting History
  - Urinate in toilet wnl
  - Has only had BM in the toilet 1-2 times with “bribe.”
  - Constipation since infancy leading to pain with BM and withholding
  - BM elimination in bedroom under blanket in underwear
- Related Issues: Intermittent nausea, vomiting, abdominal pain

GI assessment and Work-up

Rule out pelvic floor dyssynergia

Abdominal x-ray

Rule out IBD, H Pylori, celiac, pending x-ray

Will avoid use of suppositories , enemas, and ARM procedure

For Discussion:

- What family factors may need to be considered for successful management of this case of FC?

Case 2

- 7 yo Caucasian male
- Lives with parents and older brother
- First grade
- Constipation with overflow incontinence
  - Encopresis
  - Associated lower abdominal pain
- New patient presenting to Pediatric GI Clinic
- 1 counseling session when younger for oppositional behavior

Case 2

- Risk Factors
  - Oppositional behavior/aggression
  - Does not drink enough fluids
  - Not attending school
  - Does not like water/not enough fluids

Case 2

- Protective Factors
  - Takes fiber supplement
  - Eats fruit
  - Takes Miralax
  - Intact, supportive family
  - Good grades
  - Friends
  - Typical age-appropriate activities

Case 2

- Toileting Concerns
  - BM is not formed
  - 4-year history of toileting issues
  - Resistant to using the bathroom for BM
  - Does not know when he needs to have BM
  - Refuses to have BM at school; says bathroom is “dirty.”
  - Per mother, BM accidents are difficult to clean up and burdonsome
  - Fear of soiling self at school; withholding at school
  - Decreased HRQOL
  - Does not have daily BM
  - Nocturnal enuresis

Case 2: GI Assessment and Work-up

- Rule out pelvic floor dyssynergia with anorectal manometry
- Screening bloodwork to rule out thyroid dysfunction, celiac disease, and IBD
- Daily Miralax
- Monthly clean-outs

For Discussion:

- What family/caregiver factors are important to address during the management of this patient's constipation?

Case 2 Treatment Outcome

3 session with GI and 2 session with Pediatric Psychology

SUCCESS: After 3-4 months of compliance with toileting and constipation regimen, encopresis, withholding, abdominal pain, nocturnal enuresis resolved

Referral to pelvic floor PT to address pelvic floor dyssynergia

Discussion Questions

- What are some strengths related to implementing a group treatment for FC? (Lamparyk et al., 2022)
- What are some challenges for a group format for FC?
- How might the group format (Lamparyk et al., 2022) be adapted for individual work?
- How can the benefits of a multidisciplinary team be incorporated when doing individual treatment (GI provider, behavioral health, nutrition) for FC?
- How to ensure that family/caregiver needs are addressed during treatment of FC?

References

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Education Resources

- Parental Opinions of Pediatric Constipation Questionnaire https://pubmed.ncbi.nlm.nih.gov/25840448/
- Pictographic Pediatric Constipation Action Plan https://doi.org/10.1016/j.jpeds.2020.10.001
  - Example https://wrnmmc.libguides.com/ld.php?content_id=57110850
- "The Poo in You" Video https://www.youtube.com/watch?v=SgBj7Mc_4sc
- https://gikids.org/
  - Constipation Fact Sheet: https://www.gikids.org/files/documents/digestive%20topics/english/Constipation.pdf
- Constipation: A Parent's Guide https://www.stlouischildrens.org/sites/default/files/SLC23212_Constipation%20Booklet_2016.pdf
- Constipation Care Package https://naspghan.org/files/documents/pdfs/medical-resources/Constipation_Care_Package.pdf
  - Bowel Management Tracking Tool: https://indd.adobe.com/view/e3933310-a8fd-4106-be8c-ebd1baabeb2e
- UpToDate Patient education: Constipation in infants and children (Beyond the Basics) https://www.uptodate.com/contents/constipation-in-infants-and-children-beyond-the-basics/print
- Self-Regulation Skills: Breathing Strategies: https://challengingbehavior.cbcs.usf.edu/docs/Smell-Blow.pdf
  Kids Stool Chart: https://natmed.com.au/wp-content/uploads/2021/10/Kids-Stool-Chart.pdf

Book Resources

- The Ins and Outs of Poop: A Guide to Treating Childhood Constipation by Thomas R. Duhamel, PHD
- It Hurts When I Poop!: A Story for Children Who Are Scared to Use the Potty by Howard J. Bennett, MD
- Everybody Poops! By Justine Avery and Algo Zhuravlova
- Everyone Poops by Taro Gomi
- From Chewing to Pooing: Food's Journey Through Your Body to the Potty by Lauren Gehringer and Dr. Natalie Gehringer
- Child Anatomy Books: Adventure-in-a-Box.com
  - The Magic School Bus: Inside the Human Body by Joanna Cole
  - Gooney Bird and All Her Charms by Lois Lowry
  - Human Body Theater by Maris Wicks
  - Fighting Sickness by Joseph Midthun
  - Look Inside Your Body by Louie Stowell
  - Head to Toe: My Body and How It Works by Sophie Dauvois
  - Ultimate Body-pedia: An Amazing Inside-out Tour of the Human Body by Christina Wilsdon, Jen Agresta, and Patricia Daniels
  - See Inside Your Body by Colin King and Katie Daynes

Toileting Resources

- How're you poopin'?: Printable Poop Diary Journal for Kids from KidHealthTracker on Etsy: https://www.etsy.com/listing/605976695/printable-poop-diary-journal-for-kids?gpla=1&gao=1&&utm_source=google&utm_medium=cpc&utm_campaign=shopping_us_e-craft_supplies_and_tools-storage_and_organization-other&utm_custom1=_k_CjwKCAjw7vuUBhBUEiwAEdu2pPANH8F1b0GHjZi0FiSP-thu1Yqtw-9FKlR1ceu5kqKU7zo-6PLIXRoCwAEQAvD_BwE_k_&utm_content=go_1843970776_69216029465_346364370600_pla-295474483187_c__605976695_12768591&utm_custom2=1843970776&gclid=CjwKCAjw7vuUBhBUEiwAEdu2pPANH8F1b0GHjZi0FiSP-thu1Yqtw-9FKlR1ceu5kqKU7zo-6PLIXRoCwAEQAvD_BwE
- Poop Journal: https://throughtheyearspediatrics.com/Medical-Content/Poop_Journal.aspx
- My Potty Chart: https://www.etsy.com/listing/956172175/printable-potty-reward-chart-unisex?gpla=1&gao=1&&utm_source=google&utm_medium=cpc&utm_campaign=shopping_us_e-art_and_collectibles-prints-digital_prints&utm_custom1=_k_CjwKCAjw7vuUBhBUEiwAEdu2pFZb-ICSWiyWQKjBy_3iNwIljN9IMb6liK2oVbP6CnhxEwS2lwuJmRoC2lgQAvD_BwE_k_&utm_content=go_304499915_2274621 2675_78727443155_aud-1408996296215:pla-106555091555_c__956172175_12768591&utm_custom2=304499915&gclid=CjwKCAjw7vuUBhBUEiwAEdu2pFZb-ICSWiyWQKjBy_3iNwIljN9IMb6liK2oVbP6CnhxEwS2lwuJmRoC2lgQAvD_BwE
- Potty Pet Dog Kid's Stool: https://www.squattypotty.com/products/potty-pet-dog-kids-stool
- Wooden Potty Stool with Footprints: https://www.amazon.com/DORPU-Squatting-Toilet-Bathroom-Capacity/dp/B08VNK3Q4X