

Constipation in Adults and Children



Lack of fiber and inadequate water in the diet are common causes of constipation.

What is constipation?

Constipation occurs when stools are difficult to pass. Some people are overly concerned with frequency because they have been taught that a healthy person has a bowel movement every day. This is not true. Everyone is different when it comes to bowel movements. People pass stools anywhere from three times a day to three times a week. If your stools are soft and pass easily, you are not constipated.

Common symptoms

Constipation may occur with cramping and pain in the rectum caused by straining to pass hard, dry stools. There may be some bloating and nausea. There may also be small amounts of bright red blood on the stools caused by slight tearing as the stools are pushed through the anus. The bleeding should stop when the constipation is relieved.

If a stool becomes lodged in the rectum (impacted), mucus and fluid may leak out around the stool, which sometimes leads to leakage of fecal material (fecal incontinence). You may experience this as constipation alternating with diarrhea.

Common causes for adults

Diets low in fiber and not enough physical activity are common causes of constipation. Other causes include:

- delaying bowel movements
- overuse of laxatives
- certain medications, such as narcotic pain medications and calcium channel blockers
- pregnancy
- diabetes
- certain illnesses such as Irritable Bowel Syndrome (IBS), stroke, underactive thyroid, Parkinson's disease, injuries to the spinal cord, and colorectal cancer

In addition, psychological problems, such as severe anxiety, depression, eating disorders, or obsessive-compulsive disorder, can cause constipation.

Common causes for children

Toilet training may contribute to constipation in young children. Children who are involved in play or other activities and ignore the urge to pass stools may become constipated. Most children will occasionally become constipated. This is generally short-lived and does not cause long-term problems. Children and adults who are reluctant to use toilets away from home may become constipated.

Prevention for adults

- Eat plenty of high-fiber food such as fruits, vegetables, and whole grains. If fiber is new to your diet, gradually and slowly add fibrous foods to allow your body time to adjust and to help reduce gas and bloating. Adults can add fiber to their diet in the following ways:
 - Eat a bowl of oatmeal or bran cereal (such as Fiber One) with 10 grams of bran per serving.
 - Add 2 tablespoons of wheat bran or crushed flax seeds to cereal or soup.
 - Eat more high-fiber fruits and vegetables such as raspberries, unpeeled pears and apples, avocados, beans and legumes, broccoli and cabbage.
 - Try a product, such as *Citrucel*, *FiberCon*, or *Metamucil* that contains a bulk-forming agent.
 - Eat a bowl of bran cereal with 10 grams of bran per serving.

Other ways to prevent constipation include:

- Avoid foods that are high in fat and sugar.
- Drink 1½ to 2 quarts of water and other fluids every day. Drink extra fluids in the morning. Fluids help the fiber keep your stools soft.
- Aim for regular physical activity. A walking program is a good start.
- Set aside relaxed times for having bowel movements. Urges usually occur sometime after meals. Establishing a daily routine (after breakfast, for example) may help.

- Go when you feel the urge. Your bowels send signals when a stool needs to pass. If you ignore the signal, the urge will go away and the stool will eventually become dry and difficult to pass.

Home treatment for adults

- Follow the diet outlined in the “Prevention” section above to help relieve and prevent constipation.
- If necessary, use a stool softener such as Colace, or a very mild laxative such as *Milk of Magnesia* (avoid if you have chronic renal failure), *Miralax* or *Lactulose*. Do not use laxatives for more than 2 weeks without consulting your physician.
- Although mineral oil is sometimes used to relieve constipation, it should be used with caution as it can cause vitamin deficiencies and irritate the lining of the stomach. As with laxatives, it should never be used for more than 2 weeks.
- You may occasionally need to try a stimulant laxative, such as *Ex-Lax* or *Feen-a-Mint*. Use laxatives sparingly. Regular use may interfere with your body’s ability to absorb vitamin D and calcium which are needed for strong bones. Avoid laxatives that contain cascara sagrada (dried bark) as it can cause long-term damage to your bowels.

Prevention for children

- Breastfeed your baby. Constipation is rare in breastfed babies.
- When starting children on solid foods, add only one new food at a time.
- Be sure that children over 1 year old are drinking enough water.
- Provide children eating solid foods plenty of high-fiber food such as fruits, vegetables, and whole grains.

Home treatment for children

- For children over 6 months old, add fruit juices such as apple, pear or prune to relieve constipation. Baby foods with high fiber may also help, such as peas, apricots, prunes, peaches, or spinach.
- Gently massage your child’s stomach. This may relieve discomfort.
- If an infant or child up to age 10 is having rectal pain because he or she is unable to have a bowel movement, put the child in a warm bath with 2 ounces of baking soda in the tub. This may help relax the muscles that normally keep stool inside the rectum, allowing the child to pass the stool.
- If your child is 6 months or older and the warm bath does not work, use 1 or 2 glycerin suppositories to make the stool easier to pass. Use glycerin suppositories only once or twice. If constipation is not relieved or develops again, discuss the problem with your child’s physician.
- Do not give laxatives or enemas to a child without talking to your child’s physician first.

When to call Kaiser Permanente

Call Kaiser Permanente if . . .

- constipation persists after home treatment has been followed for several days for an adult or according to a pediatrician’s recommendation for an infant.
- rectal bleeding is heavy (more than a few bright red streaks) or if the blood is reddish brown or black.
- rectal bleeding lasts longer than two to three days after constipation has improved, or if bleeding occurs more than once.
- you have sharp or severe abdominal pain.
- you have rectal pain that either continues after you pass a stool or keeps you from passing stools at all.
- constipation and major changes in bowel movements continue after one week of home treatment, and there is no clear reason for such changes.
- you experience stool leakage (fecal incontinence).
- your stools have become consistently more narrow (pencil thin) or extremely thick.
- you are unable to have bowel movements without using laxatives.
- you have unexplained weight loss.

Other resources

- Connect to our Web site at kp.org to access health and drug encyclopedias, interactive programs, health classes, and much more.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.
- If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.