

BSPGHAN
Childhood Constipation Working Group
Annual Report 2004

The group had 4 meetings this year.

The original remit of the group was to produce national guidelines for the management of childhood constipation.

Work undertaken in 2004

Childhood Constipation was recently proposed as a suggested topic for NICE work programme. There are several stages in the selection of topics. The Working Group together with other 'experts' were asked to review the initial briefing notes, which were then submitted for discussion by the Advisory Committee on Topic Selection (ACTS). Topics are then recommended (or not) for consideration by the Joint Planning Group prior to consideration by government ministers who then finally select topics for inclusion on the NICE Agenda. The topic of 'childhood constipation' is currently being considered by the Joint Planning Group; if they refer it for ministerial consideration it could be added to the NICE agenda by September 2005. However it is unlikely that even if it is successfully included as a topic that any project work will commence immediately, it can take up to 2 years. The Working Group are therefore in contact with NICE and RCPCH to move forward the development of national guidelines in the meantime.

There are major issues that have prevented progress to date:

- There are considerable resource implications (time, financial, expertise etc) required to develop an evidence-based guideline.
- There is a lack of evidence to use as basis for guideline, Literature review in progress. Abstract to be submitted for BSPGHAN Winter Meeting.
- Terminology in childhood constipation is poorly defined and terms are used in different contexts, which makes reviewing the literature problematic.
- Is it appropriate to use guidelines we have e.g. 'Tough Going' and 'IMPACT' and upgrade them to meet national guideline standards (RCPCH, SIGN, NICE)
- Apply for funding to facilitate development. It is likely that funding will need to be accessed from a variety of sources. Preliminary discussions with 'Norgine' regarding an Educational Grant are in progress. RCPCH guidance is that it is acceptable to receive funding from commercial companies as long as they have no input into guideline development.
- Concerns were expressed about expertise in developing guidelines and who to involve – felt it was important to consult widely using Delphi technique – GP's HV's School Nurses, Pharmacists, Parents, Children etc.

Workshop

Last year the Group organised a very successful workshop to ask what health professionals required of a guideline. A follow up day was planned originally to consult on 'constipation framework', which would be prepared by working party prior to workshop as a result of feed back from the last study day. It was felt that a framework would be ineffectual with such variation in practice across the country. Therefore the Nottingham workshop would be best spent collating and reviewing the evidence, which the working party would have sourced prior to the meeting to use under the broad headings:

- The child and family journey – patient centred approaches.
- Prevention- health promotion, Education, support
- Assessment – differential diagnosis
- Investigations – criteria for transit studies etc
- Treatment/Management – psychological, pharmaceutical, nutritional, complementary and alternative approaches, surgery, health beliefs-old wives tales, Concordance
- Specialist Referral
- Evaluation – follow up support, audit cycle
- Education/Training

The date was 18th October at Queens Education Centre, Nottingham. A wide cross section of interested health professionals working in the area of childhood constipation were invited to attend. The day was postponed due to lack of attendees. It will be rescheduled in 2005.

Childhood Constipation: Standardising Terminology.

One of the key issues in the management of childhood constipation is the need to increase the evidence base for the treatment of constipation by generating well-designed, randomised, controlled trials, which are valid

internationally. Currently there is no internationally agreed definition of what defines constipation, in children for example, with differing definitions offered in the Medical Position Statement of the North American Society of Pediatric Gastroenterology and Nutrition, in Rome II criteria and in textbooks. There is an urgent requirement to establish internationally acceptable definitions describing symptoms and how the condition is diagnosed, as this is required entry criteria for clinical studies and the basis for assessing outcome.

Two working group members David Candy and Graham Clayden were part of the *PARIS Consensus on Childhood Constipation Terminology* (PACCT) Group – a group of paediatric gastro-enterologists with a special interest in constipation, which met at the World Congress of Paediatric Gastroenterology in Paris in July 2004 to reach a consensus about definitions of terminology used in childhood functional gastrointestinal disorders and constipation, to develop possible working definitions which might help inform potential definitions to be made in Rome III *Diagnostic Criteria for Functional Gastrointestinal Disorders*. Copies of the full report are available from David. Email: david.candy@rws-tr.nhs.uk A summary of the terminology and list of participants are included below.

Summary of the PACCT Group's recommended terminology

Suggested terminology	PACCT Group definition
<i>Chronic constipation</i>	The occurrence of two or more of the following characteristics, during the last 8 weeks, occurring more than 25% of the time: <ul style="list-style-type: none"> • Frequency of bowel movements of less than three stools per week • More than one episode of faecal incontinence per week • Large stools in the rectum or felt on abdominal examination • Passing of stools so large that they may clog the toilet • Displaying evidence of retentive posturing (with-holding behaviour) • Painful bowel movements
<i>Faecal incontinence</i>	The passage of stools in an inappropriate social milieu
<i>Organic faecal incontinence</i>	Faecal incontinence resulting from organic disease e.g. as the result of neurological damage or anal sphincter abnormalities
<i>Functional faecal incontinence</i>	Non-organic disease which can be sub-divided into: <ul style="list-style-type: none"> – Constipation-associated faecal incontinence – Non-retentive (non-constipation-associated) faecal incontinence
<i>Constipation associated faecal incontinence</i>	Functional faecal incontinence associated with the presence of constipation
<i>Non-retentive faecal incontinence</i>	The passage of stools in an inappropriate social milieu, occurring in children aged 4 and older, where there is no evidence of constipation based on history and / or examination
<i>Faecal impaction</i>	Constipation where there is present a large faecal mass in either the rectum or the abdomen, to a degree demonstrable by a physical or rectal examination or other methodology, and which is unlikely to be passed spontaneously.
<i>Pelvic floor dyssynergia</i>	Inability to relax the pelvic floor when attempting to defecate

PACCT Group members

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Working Party Work Plan for 2005

- Write and submit proposal for funding guidelines project.
- Identify key research priorities
- Survey current practice and evidence of best practice by Delphi
- Continue to work on currently available guidelines and collaborate with NICE re guidelines.
- Plan and submit 'medicines for Children' project (HTA, October 05)