

Constipation and Diet

One of a series of fact sheets produced by the Family Support Service

People with spina bifida often have damage to the nerve supply to the bladder and bowel. The emptying of both may be erratic and uncoordinated, resulting in continence management problems.

Constipation is very common in people with spina bifida. The nerve damage to the bowel means the time taken for food to move through the gut is slowed down. Because of this slowing down, the faeces stay in the large bowel (colon) for longer than is normal and this allows more fluid to be lost from the bowel, causing the stool to become harder and harder.

Constipation can greatly interfere with the development of bowel continence. There are many different methods for children with spina bifida to establish bowel control, but they can all be thwarted by constipation. It is therefore essential to treat constipation when it occurs and to try to prevent it from re-occurring.

A low fluid intake (perhaps in the mistaken belief that it will help to keep the person dry) and poor diet both add to the existing problem. It is important to keep drinking plenty and to have a diet rich in soluble fibre.

DIET

Dietary fibre can be found in many fruits, vegetables, grains and pulses. Children and adults need a varied and balanced diet which contains 20-40gms of fibre daily. Offer water or unsweetened fruit juice every two hours as constipation can be caused by a high fibre diet and not enough fluids. Experiment with the "p" fruits like pears, plums, prunes, and peaches. For the toddler try different cereals, especially those with high bran content, and breads with whole grains. At the same time it is often helpful to cut back on certain foods in the diet that may be increasing the constipation, such as milk, refined breads and cereals, and eggs.

Certain foods are very likely to stimulate the bowel and lead to diarrhoea. The main culprits include chocolate, pizza, tomatoes, corn, fizzy drinks,

sweets, grapes, food and drink containing caffeine (tea, coffee, cola, chocolate) or very fatty foods. A food diary can help to identify foods which are causing problems, so that they can be eliminated or replaced with a healthier alternative. An astute parent knows precisely what triggers bowel movements in his or her child and keeps reminding the child to avoid these foods.

BABIES AND CHILDREN

Small babies can be given drinks of cooled, boiled tap water between milk feeds, once or twice daily, to help prevent constipation (especially in bottle fed babies) and to maintain a good level of hydration. When weaning slowly introduce a wide range of vegetables and fruit into the diet, adding pulses such as peas, beans, lentils etc after one year. Drinks of water or very diluted juice, suitable for very young children can be given between meals.

Small children should not be given extremely high fibre or extremely low fat diets, unless under medical instruction and supervision, as such diets are unlikely to contain enough calories and fat soluble vitamins to promote growth and general good health. Rather, aim to promote the habit of eating fresh fruit and vegetables daily and avoid high fat snacks (chocolate, crisps) to prevent obesity. A balanced diet including protein, vegetables and carbohydrates should be encouraged.

OTHER FACTORS

Poor mobility also adds to the problem of constipation and regular exercise (in a wheelchair or otherwise) should be encouraged.

Some medication used by children and adults with spina bifida, such as Oxybutanin and some anti-epileptic drugs, or pain killers containing codeine, can cause constipation or can make existing constipation worse.

Stool softeners and stimulant laxatives may have a role to play for some toddlers with constipation that persists despite dietary measures. When used appropriately these can be very effective and safe.

If you have any questions or would like further information, please do not hesitate to contact the Family Support Workers at:

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