

What is encopresis?

Encopresis is the involuntary passage of stool into the underwear (or a place other than the toilet) on a regular basis in a child over 4 years of age. Sometimes the child regularly starts soiling his or her underclothes, after having previously been well toilet trained. Children do not usually have complete bowel control until at least 2½ years of age. About 1 to 2 children in 100 have the problem and it is 3 times more common in boys than in girls.

What are some of the features of encopresis?

- Bowel movements occur spontaneously into the underwear.
- The stools may be fully formed or partly formed.
- The soiling has to be present for at least 1 month.
- The child appears to have no control or warning.
- The abdomen may swell.
- Enuresis (bed-wetting) is often present.

What are the causes?

The most common cause is constipation with false diarrhoea around the clogged up bowel. This may follow a period of resistance to or embarrassment about using toilets at kindergarten or school, on camping trips or outdoors. School bullying can be a factor.

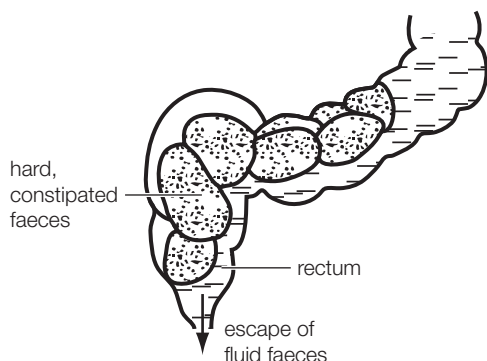
Sometimes the cause is not apparent. It may develop after a period of being too preoccupied with activities, resulting in bad habits with going to the toilet.

Some apparent causes are:

- a serious illness
- a poor diet, leading to constipation
- painful bowel movements (e.g. an anal fissure)
- stress or emotional upset (e.g. parental separation)
- child abuse
- negative reaction to parents' obsession about toilet use

What is false (spurious) diarrhoea?

This is a trick played by the body. It occurs when after a period of constipation large amounts of hard faeces build up in the lower bowel and rectum. The fluid faeces



False (spurious) diarrhoea

from higher up tend to trickle past the obstruction and soil the underwear. The child is unaware of this and control has been lost because the usual anal reflex does not respond.

Parents often think their child has diarrhoea when the problem is really constipation. The doctor can diagnose it by examining the rectum.

What is the management?

Role of parents

- A concerned, understanding and supportive approach is essential.
- Be sensitive to other stresses in your child's life.
- Do not shame or punish the child for 'dirty habits'.
- Ensure your child is not subject to any abuse.
- Approach toilet training sensibly—have realistic expectations. However, a structured toilet program may be advisable for your child; for example, regular sitting on the toilet for 5 minutes 3 times a day (after each meal). A too strict or poorly supervised program does not work well.
- Provide a good normal diet with regular meals, and adequate fluids.

Bowel clean-out program

The bowel needs to be emptied by whatever means necessary. Your doctor will advise on laxative medication required to restore the bowel to its normal state, especially if constipation with false diarrhoea is found to be present. It will involve the use of a combination of laxatives, stool softeners, enemas (mild) and suppositories. It is usual to start with a laxative such as lactulose which is then continued each day. A lubricant or softener such as a paraffin oil preparation will be added. Encourage your child to follow the structured toilet routine (5 minutes, 3 times a day).

The laxative and softener therapy program will be continued until the problem settles, which takes at least 6 to 12 months. Sometimes referral to a special clinic may be necessary.

Other pointers for parents

- Get children 5 years and older to clean up themselves.
- Ask for the teacher's co-operation.
- Do not return to nappies.
- Do not allow siblings to tease the child.
- Provide incentives (e.g. time out with parents).

Remember

- Praise effort and success.
- Do not blame, shame or punish for accidents.
- Do not overreact.
- Check and correct any stresses.
- Seek the co-operation of all contacts.
- Provide a high-fibre diet with plenty of fluids.
- Establish good toilet habits.