

# STAR Information Series:

## Constipation in Children with Autism

Although it is difficult to find much written about constipation in children with autism and we don't know whether there is more constipation in children with developmental disabilities than children in general, we do know that treatment can be difficult for children with autism and their families. Problems with constipation seem to occur across the spectrum of autism. Symptoms in some children begin as infants while others begin later. Some have only occasional bouts while others have chronic problems for extended periods of time with the worst cases being children with impactions and fissures, causing pain and fear.

On the average bowel training is often accomplished later for children with autism than with children who are developing typically, and usually after urine training. In one study the average age of urine training for children with autism was four years of age. However, their parents often start training at about the time most parents do and may be trying to train their child over a longer period of time. These are averages. There are certainly children with autism who toilet train easily and early. We expect that barring physical problems, children with autism can learn to use the toilet, even if some need schedules and reminders as they grow older.

**Many factors may make toilet training difficult for children with autism.** Some of these are: (1) social pressures of being like a role model or being a "big person" are seldom in effect; (2) the child may know that there is something that adults want him to do, but can't figure out what it is, therefore may sit and flush but not know that his body needs to do something else; (3) the child is not aware of cause and effect at least where her body is concerned, i.e. body feels this way means I need to sit and void on the toilet and maybe push; (4) the child may not sit long enough; (5) the child may not relax while sitting especially if her feet don't touch and she feels like she may fall; (6) the child may have sensory difficulties that cause him to be uncomfortable, i.e. a cold or hard toilet seat; (7) there may be fears about the bathroom, i.e. water going down drains, baths, hair washing; (8) parents may have kept bathroom doors locked due to child getting in toilets and cabinets; and (10) the diets of children with autism who are selective eaters may contribute to the problem.

Certainly constipation problems are difficult for all children and families, but because the child with autism has social and language difficulties, sometimes accompanied by sensory and motor problems, constipation can sometimes cause such great problems that this consumes the family. Sometimes children are under the care of doctors after the problem is more than the family can handle. It appears that some children with autism have gastrointestinal difficulties, but there is no evidence that this is greater than the general population. The difference is that one or two episodes of painful constipation sometimes become imprinted on a child with autism and cause fear of the potty or toilet. When a child withholds movements because she is trying to conform to the pressure to keep pants clean or to sit on the toilet, constipation may begin. It also appears that pull-ups or disposable diapers are comfortable and familiar for children and they often prefer to go off in a corner by themselves to crouch and have a BM. When required to sit on a toilet or potty they have trouble going.

All of these factors paired with the fact that many parents don't know their child has autism before they begin training, can make using the toilet efficiently and effectively problematic. However, there are some strategies that may help. The obvious is to try and prevent the problem. Many children with autism are active and get plenty of exercise, but some are more sedentary. Regular exercise is important to maintaining healthy bowel habits. Even ten minutes a day of walking, jumping, swimming, biking, or some other preferred activity helps a great deal. We don't have enough information about diet and how it affects the child, but certainly working towards a balanced diet may help, while avoiding typically constipating foods like milk, cheese, or bananas. However, because many children with autism are picky eaters, it isn't always possible to encourage them to eat food that might help their constipation. We usually have to work on eating habits over a period of time.

**Dietary Suggestions:** Increasing liquids and fiber in the diet relieves constipation. Prune, orange, and cranberry juices are often enticing liquids for children. Apple juice can be constipating for some children so this could be limited. Increasing liquids to 3-5 eight-ounce glasses per day is a good idea. Fiber in the diet increases the bulk and thus the liquid in the bowel. Good sources of fiber are fruits: apples, pears, grapes with skins on, raisins, prunes, dates, and oranges. Fiber is also in vegetables, legumes, and whole wheat breads and cereal. Peanut butter on graham crackers or Metamucil crackers adds fiber to the diet.

If the addition of these foods is not yet practical for your child, adding bran flakes to foods can be helpful. Bran flakes (not cereal) can typically be bought at a health food store and some grocery stores. By themselves, bran flakes taste like sawdust. However, when mixed well in food there is no taste. Try adding 2-3 tablespoons mixed in peanut butter, soup, jam, meatloaf, yogurt, or other foods per day. This would be helpful not only for the child but for all family members. Senna tea has laxative qualities and can be drunk hot or iced. It can be made with a prune mixture: Add 1 tablespoon senna tea leaves to 1 quart water, then stew prunes with the tea, until liquid is gone. Eating 2-3 of these prunes daily will help relieve constipation.

Foods such as large quantities of milk, cheese, bananas, and sometimes apple juice can cause constipation. Thus, these foods should be eaten in limited quantities. Children with constipation should drink no more than 2-3 eight ounce glasses of milk daily at the most.

**Interventions to use sparingly or to try to avoid using:** Over the counter laxatives and enemas should be used sparingly since these will eventually interfere with the body's normal voiding mechanism. The bowel can lose its peristaltic movement thus inhibiting the normal ability to pass stool and encopresis can result. Some parents have used suppositories for a short time to help get the bowel action started so the child begins to learn to feel comfortable voiding on the toilet. Also, avoid having a child sit for longer than five minutes to try to have a bowel movement since this may cause excess anxiety and straining. We want the child to be able to react to bodily signals that signify needing to go and sit to have a bowel movement.

**Summary:** As toilet training begins it's important to be calm and not pressure your child. Use all the strategies that you know work to teach him other skills. Establish routines, use structured, supportive environments and materials, practice often, and use reinforcement. Additionally, use pictures/words (visual cues) to establish the daily routine and for motivation and understanding. Helping your child relax through comfortable seating, pleasant activities to do while sitting and pleasant sensory input may help. (See the STAR paper on Toileting.) Avoiding recurrent bouts of constipation is important since it is more difficult to “talk” children with autism out of their fears and painful experiences. Being calm and patient is essential. Digestive track problems often raise the anxiety of the child with autism and his whole family. Seek help early to try and prevent the development of a chronic problem.

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STAR is an intervention program developed specifically for children and adolescents with autism spectrum disorders (ASDs) and their families. STAR is a program within the Weisskopf Center for the Evaluation of Children (WCEC), a division of the University of Louisville School of Medicine Department of Pediatrics.

