



DIAGNOSIS OF COLIC & CONSTIPATION Using ROME IV Diagnostic Criteria¹

	Infant Colic	Functional Constipation
PREVALENCE	APPROX.  20% OF INFANTS ²	APPROX.  15% OF INFANTS ²
CAUSES	Multifactorial, involving one or a number of digestive or behavioral problems ^{3,4}	May be caused by fluid intake, dietary changes, psychological issues, pain, fever or medicines ⁵
DIAGNOSIS ¹	<p>For clinical purposes, MUST include all of the following:</p> <ul style="list-style-type: none">✓ An infant who is <5 months of age when the symptoms start and stop✓ Recurrent and prolonged periods of infant crying, fussing, or irritability reported by caregivers that occur without obvious cause and cannot be prevented or resolved by caregivers✓ No evidence of infant failure to thrive, fever or illness	<p>MUST include 1 month of at least 2 of the following in infants up to 4 years of age:</p> <ul style="list-style-type: none">• Two or fewer defecations per week• History of excessive stool retention• History of painful or hard bowel movements• History of large-diameter stools• Presence of a large faecal mass in the rectum

LASTEST GUIDELINES & RECOMMENDATIONS FOR THE MANAGEMENT OF Colic & Constipation in Infants⁵⁻⁷

NICE Clinical Guidelines recognise the role nutrition plays in the management of FGIDs (Functional Gastrointestinal Disorders) in infants and recommend conservative and nutritional approaches ahead of medical interventions^{5,6}

Colic

The guidance states that:^{6,7}

1. The most useful intervention is support for parents and reassurance that infantile colic will resolve
2. Soothing strategies should be attempted first along with support and advice from healthcare professionals
3. Formula-fed infants should receive dietary support e.g. use of a specialised feed⁷
4. Medical treatments, e.g., simethicone or lactase drops, should only be tried if parents feel unable to cope despite advice and reassurance

NICE recognise that studies of interventions for INFANTILE COLIC behind simethicone and lactase drops TEND TO LACK METHODOLOGICAL QUALITY, making it difficult to evaluate the effectiveness of any treatment



Constipation

The guidance states that laxatives and diet modification may help:⁵

1. Try polyethylene glycol 3350, plus electrolytes e.g., Movicol Paediatric Plain – use a stimulant laxative if this does not work
2. Dietary modifications may then be considered to ensure adequate fluid intake; this is assumed to come from breastmilk

VERY LITTLE GUIDANCE is given specifically for BOTTLE-FED INFANTS UNDER 6 MONTHS with functional constipation



References: 1. Benninga MA. et al, Childhood Functional Gastrointestinal Disorders: Neonate/Toddler. *Gastroenterology* 2016; 150:1443-1455. 2. Vandenplas Y et al, Prevalence and health outcomes of functional gastrointestinal symptoms in infants from birth to 12 months of age. *J Pediatr Gastroenterol Nutr* 2015; Nov 61(5):531-7. 3. Iacono G et al, Gastrointestinal symptoms in infancy: a population based prospective study. *Dig Liver Dis* 2005; 37(6): 432-438. 4. Savino F. Focus on infantile colic. *Acta Paediatr* 2007; 96(9):1259-64. 5. NICE. Constipation in children and young people. 2017. Available at: <https://www.nice.org.uk/guidance/cg99/chapter/Introduction> (accessed May 2022). 6. NICE. Clinical Knowledge Summary. Colic. Available at: <http://cks.nice.org.uk/colic-infantile#?topicsummary> (GB residents only: Accessed May 2022). 7. Vandenplas Y et al. Algorithms for managing infant constipation, colic, regurgitation and cow's milk allergy in formula-fed infants. *Acta Paediatrica*. Published by John Wiley & Sons Ltd 2015; 104: 449–457.

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