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Friends and Colleagues,

I hope you and your family are well and looking forward to a new year. Along with all the holiday eating, winter and the cold weather is settling in; and most of us enjoy staying in where it is warm. This time of year we see a common pediatric problem in many children – constipation. Often changes in routine or diet, and getting less exercise, can lead to this condition. While very upsetting to a child, and frustrating to parents, functional constipation is a common problem that can, for the most part, be easily remedied. Constipation, however, may be a symptom of a more serious underlying GI. In these cases, a referral to a pediatric gastroenterologist is warranted. In this issue we will review the most common causes of constipation and offer some nutritional tips that may be of help as you deal with this childhood condition.



Regards,

Youhanna S. Al-Tawil, MD
Medical Director

**5th
Annual**

CELI-ACT SUPPORT GROUP'S GLUTEN FREE VENDOR FAIR AND EXPO

The Celi-ACT Support Group's 5th Annual Gluten Free Vendor Fair and Expo will be held Saturday, April 6, 2013 at the Knoxville Convention Center in scenic Knoxville, Tennessee from 10:00 am – 4:00 pm. This is our first year at this location with promises of expanded exhibit space for exhibitors and attendees. Our event is one of the fastest growing gluten-free consumer events in North America and the ONLY event of its kind in Tennessee. Our participants look forward to the opportunity to sample and purchase gluten-free foods as well as listen to medical professionals discuss pertinent health topics. Cooking demonstrations will be showcased throughout the day so that attendees can learn how to cook and eat gluten free. It's an event that you will not want to miss!

Visit our website at www.celi-act.com to learn more.



CONSTIPATION

M. Samer Ammar, MD FAAP, FAGA

What I am about to share with you would not be anything you don't already know. I am just going to stress a few facts about constipation.

Constipation, defined as a delay or difficulty in defecation present for two or more weeks, is a common pediatric problem encountered by both primary and specialty medical providers. Overall, behind infancy, less than three bowel movements a week and/or painful defecation is generally an accepted definition of constipation.

A normal pattern of stool evacuation is felt to be a sign of health in children of all ages. Especially during the first months of life, parents pay close attention to the frequency and the characteristics of their children's defecation. Any deviation from what is felt to be normal for children by any family member may trigger a call to the nurse or a visit to the pediatrician. Thus, it is not surprising that approximately 3% of general pediatric outpatient visits, and up to 25% of pediatric gastroenterology consultations, are related to a complaint of defecation disorder.

In most children, constipation is functional, that is, without objective evidence of a pathological condition. The most common cause of functional constipation is the voluntary withholding of feces by a child who wishes to avoid an unpleasant defecation. Many events can lead to painful defecation including toilet training, changes in routine or diet, stressful events, intercurrent illness, unavailability of toilets, or postponing defecation because the child is too busy. These can lead to prolong fecal stasis in the colon with reabsorption of fluids and increase in the size and consistency of the stools.

Few constipated patients have an underlying medical problem(s). Hirschsprung disease is the most common cause of lower intestinal obstruction in neonates and is a possible, but rare, cause of intractable constipation in toddlers and school-age children. It is characterized by a lack of ganglion cells, usually segmental, but can be diffused in the myenteric and submucous plexuses of the large bowel. Other possible etiologies of defecation disorder may include a food allergy, including allergy to gluten, gluten enteropathy, and partial bowel obstruction related to different pathology of gastrointestinal diseases including inflammatory bowel diseases and post surgical management of digestive or non-digestive diseases. Failure to respond to conventional therapy is the most warranted reason for a pediatric gastroenterology referral. Other reasons for a referral include fever, abdominal distension, anorexia, vomiting, weight loss or poor weight gain, or bloody stool. A complete physical examination is most helpful in approaching patients with defecation disorder. A digital rectal examination can aid in the differential diagnosis of constipation. It is an underused tool in routine practice. Based on the most likely suspected cause of the differential diagnosis list, work-up may be warranted. That may include, but not limited to, a radiographic study(s).

With only a few exceptions, the treatment for constipation is usually not surgical. Understanding the true etiology underlying the cause of the defecation disorder is the first step to a better outcome. Medication use may not be sufficient. Behavioral modification is proven to be effective, yet may not be for long term; and the benefit of biofeedback therapy is controversial.

It is estimated that one-fourth of children with functional constipation may continue to experience symptoms related to defecation disorder at adult age. Older age at onset, longer delay between onset of symptoms and referral to a specialized pediatric gastrointestinal clinic, and lower defecation frequency at presentation were related to poor clinical outcomes at adult age.



CONSTIPATION AND DIET

Callie McCamy, RD, LDN

Constipation is a very common issue in the pediatric population. This condition can cause children discomfort, bloating, cramping, painful defecation, and decreased appetite. Often the underlying causes of constipation in children are related to dietary and lifestyle habits. Some of the most common causes include: milk protein allergy, lack of regular meal times, not enough dietary fiber and/or fluid intake, lack of regular toileting times, lack of physical activity, and anxiety. When there is no underlying medical condition causing the constipation, dietary intervention can be a very effective treatment. A high-fiber, high-fluid diet is recommended to prevent and relieve constipation and produce regular bowel movements. Soluble fiber (i.e., psyllium) works better than insoluble dietary fiber (i.e., wheat bran) to help move food through the gastrointestinal system and out of the body, thus keeping the digestive system healthy.



HIGH FIBER DIET TIPS:

- Include more whole-grain breads, cereals, and grains in diet:
 - Whole grain bread instead of white bread
 - Brown rice instead of white rice
 - Whole grain pasta instead of white pasta.
- Eat more fresh fruits and vegetables.
- Limit consumption of bananas, dairy products (especially cheese), chocolate, and fried foods, as they can worsen constipation.
- Add more fiber into your diet gradually, as too much fiber too quickly may cause gas, cramping, bloating, or diarrhea.
- Drink plenty of fluids (when you increase fiber without increasing fluids, it can cause worsening cramping and constipation).

ADDITIONAL TIPS TO HELP PREVENT OR RELIEVE CONSTIPATION:

- Establish a regular time for going to the bathroom. Allow 10-15 minutes in the bathroom for relaxation.
- Encourage children not to delay defecating when they feel the urge to go to the bathroom.
- For formula-fed children, formulas with fiber may be warranted to relieve constipation. Talk to your doctor or dietitian about formulas with fiber.

RESOURCES USED:

1. GI for Kids website; Constipation. Available at: <http://giforkids.com/?a=Nutrition&b=Constipation>. Accessed on December 20, 2012.
2. About.com Pediatrics; Vincent Iannelli, MD; Constipation Treatment Guide. Available at: <http://pediatrics.about.com/cs/conditions/l/aa081200.htm>. Accessed on December 20, 2012.

CHILDHOOD CONSTIPATION

Regina Hummel, PhD

When evaluating a child for constipation, examining their toileting habits in general can be very enlightening. Frequently, the children I see with functional constipation have difficulty prioritizing trips to the bathroom. Children today are bombarded with many distractions, which are far more reinforcing than a trip to the bathroom. Constipated children frequently ignore their body's signal that they need to poop. They are able to hold their stool in order to not interrupt their activity.



Educating children on how their body produces stool and why they need to poop everyday can help raise the importance of proper toileting in their mind. I also find that as parents we tend to disregard our children's toileting habits once they are potty trained. Parental involvement in the form of prompting regular trips to the bathroom after meals and inquiring, "Have you pooped today?" can be all that it necessary to get a child's habits on track. Keeping a calendar in the bathroom to mark frequency of bowel movements can be very helpful as well. Often just focusing more positive attention on this daily habit can get a child's toileting on track. If a child is anxious about toileting, or if oppositional defiant behavior get in the way of appropriate toileting habits, it may be helpful to refer the family to a psychologist or counselor to evaluate extraneous issues that may be getting in the way of good bathroom habits.

Our GIforkids specialty clinic is staffed with dedicated physicians, mid-level providers, nutritionists, nurses, and a psychologist who provide comprehensive care for patients and their family.

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