



Surveillance report 2017 – Constipation in children and young people: diagnosis and management (2010) NICE guideline CG99

Surveillance report

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Contents

Surveillance decision	3
Reason for the decision.....	3
How we made the decision	5
Evidence.....	5
Views of topic experts.....	5
Views of stakeholders	5
NICE Surveillance programme project team.....	6

Surveillance decision

We will not update the guideline on [constipation in children and young people](#) at this time.

During surveillance editorial or factual corrections were identified. Details are included in [appendix A](#): summary of evidence from surveillance.

Reason for the decision

Assessing the evidence

We found 84 studies through surveillance of this guideline.

This included evidence not considered to impact on the guideline recommendations in the following areas:

- the key components of history-taking and physical examination that would indicate idiopathic constipation or flag a serious underlying disorder
- the prevalence of hypothyroidism and coeliac disease in children with chronic constipation
- the diagnostic value of rectal biopsy, abdominal ultrasound and abdominal radiography in children with chronic constipation
- pharmacological and surgical interventions for disimpaction
- the use of polyethylene glycol (PEG) as a maintenance therapy
- advice on physical activity, dietary fibre, fluid intake and a cows' milk exclusion diet for children with chronic idiopathic constipation
- the use of psychological interventions
- the use of antegrade colonic enemas
- information, support and advice for young people and their parents and carers.

We found evidence on the following areas not covered in the guideline:

- use of lubiprostone, prucalopride, cassia fistula's emulsion, oral domperidone or flixweed as a maintenance therapy for chronic constipation
- transanal irrigation
- electrical stimulation therapy
- physiotherapy
- probiotics and prebiotics.

This evidence was considered to be insufficient in volume and conclusive results to add new recommendations at this time.

We did not find any evidence related to the diagnostic value of gastrointestinal endoscopy, anorectal manometry or transit studies in children with chronic idiopathic constipation.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided to not update this guideline at this time.

See [how we made the decision](#) for further information.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 8 years after the publication of NICE's guideline on [constipation in children and young people: diagnosis and management](#) (NICE guideline CG99) in 2010.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

[Previous surveillance update decisions](#) for the guideline are on our website.

Evidence

We found 20 studies in a search for randomised controlled trials, systematic reviews and diagnostic studies published between 14 March 2014 and 2 February 2017.

We also considered evidence identified in previous surveillance 2 and 4 years after publication of the guideline. This included 64 studies identified by the searches.

From all sources, we considered 84 studies to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline. Overall,

13 stakeholders commented. See [appendix B](#) for stakeholders' comments and our responses.

Thirteen stakeholders including NHS foundation trusts, charities, royal colleges and government organisations commented on the proposal to not update the guideline: 5 agreed with the decision, 7 disagreed with the decision, and 1 noted that they had no comments on the proposals. Consultees suggested new evidence that was related to the use of transanal irrigation for children and young people with constipation, which is not currently covered in the guideline. The relevant evidence was added to [appendix A](#) but was not felt to impact on guideline recommendations. Most of the evidence on transanal irrigation was based on studies with small sample sizes and no comparator groups, which limited the impact on the guideline at this point. This area will be considered again at the next surveillance review of the guideline.

Thirteen stakeholders commented on the proposal to put the guideline on the static list: 4 agreed with the decision, 7 disagreed with the decision, and 2 noted that they had no comments on the proposals. Many consultees felt that it was not appropriate to place this guideline on the static list because of the growing evidence base on transanal irrigation. This feedback was taken into account and it was decided that the guideline would not be placed on the static list.

A [national cohort study](#) was highlighted post-consultation by a topic expert. The study described the clinical characteristics of infants with Hirschsprung's disease, indicating that nearly half of the study population passed meconium within 48 hours of birth. Although the data was considered to be insufficient to impact the NICE guideline on [constipation](#) at this point, it was recognised that the NICE guideline on [postnatal care](#) (CG37, published June 2006) covers a similar area and there is currently discrepancy across recommendations. Therefore, this issue will be referred to the guideline developers and this evidence will be formally reviewed during the scheduled update of NICE guideline CG37. Depending on the outcome of the committee discussions, the NICE guideline on constipation will be amended accordingly.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

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