

microlax[®]
Microenema

Childhood Occasional Constipation



Childhood Constipation

Nearly all childhood constipation is functional, where no underlying structural or biochemical abnormality is identifiable.^{1,2}

Childhood functional constipation is often established in infancy and early childhood. Secondary causes of lifestyle and dietary factors play a role and is often seen in the following situations:³



Transitioning from breastfeeding to formula feeding or solid food³



Allergy to cow's milk protein could trigger constipation³



Poor toilet training, rushing the activity^{1,3}



Withholding behaviour causing pain when passing stools^{1,3}



Psychological stress (school or family)³



Disorders such as autism and attention deficit hyperactivity disorder (ADHD)¹



Refusing to use public facilities or those at school.¹



Finding it difficult to stop playing or put down an electronic device.¹

Up to 3 in 4 constipated children may present with faecal impaction.¹
Early treatment is important to help children recover faster and reduce the risk of constipation relapses.¹

2 Steps to managing functional constipation without colon dysfunction

Disimpact and Maintain²

Step 1: Disimpact

In children with faecal impaction, an initial cleanout is essential prior to the initiation of maintenance therapy so as to increase treatment success.^{1,4}

Step 2: Maintain

Establish soft, easy-to pass stools through^{2,4}



diet



education



behaviour modification



medication

Over time, the rectal calibre returns to its normal size, and the child resumes a regular defecation pattern.¹

Oral osmotic laxatives are recommended, can be used long-term, but may take a few days to provide relief.^{1,2}

Rectal products provide more rapid relief, but may be regarded as invasive, recommended for severe faecal impaction.¹

Phosphate enemas should be avoided due to the risk of electrolyte imbalance and renal failure.²

Microenemas may be used in a outpatient setting.²

microlax® microenema

Efficacy in children:⁵

Caregivers reported effective relief of constipation for children of all ages⁵

100% of children < 1 year

97,1% of children 1-3 years

99,4% of older children

89,6%

of parents assessed efficacy as
"Good"⁵

96,8%

of parents assessed the
microenema as well tolerated by
their infants or children.⁵

Results from an open-label, multi-center, prospective study on the symptomatic treatment of children and infants (n=411) with constipation reports on tolerability and efficacy of a microenema containing sodium citrate, sorbitol, sodium lauryl sulfoacetate.⁵



- ✓ Gets to work in 5-15 minutes
- ✓ Reliable, effective relief⁶
- ✓ Suitable for all ages - elderly, adults and babies
- ✓ Simple and easy to use⁶

References:

1. Philicchi L. Management of Childhood Functional Constipation. Journal of Pediatric Health Care. 2018;32(1):103-111. 2. Chan P, Lee CH. Constipation in children. MedicineToday 2017;18(9):62-63. 3. Walter AW, Hovenkamp A, Devanarayana NM, et al. Functional constipation in infancy and early childhood: epidemiology, risk factors, and healthcare consultation. BMC Pediatrics 2019;19:285. 4. Leung AKC, Hon KL. Paediatrics: how to manage functional constipation. Drugs in Context 2021;10:2020-11-2. DOI: 10.7573/dic.2020-11-2. 5. Schneider JY. Constipation in Children and Infants. Deutsche Apotheker Zeitung 2008;148:106-107. 6. REF-DOF-ZA-0028 Microlax RWE study.

[50] MICROLAX® Each 1 ml contains: Sodium Citrate 90,0 mg; Sodium Lauryl Sulphoacetate 70 % 12,9 mg; Sorbitol liquid 893,0 mg. Ref.No.: E911 (Act 101/1965).

For full prescribing information refer to the Professional Information approved by the Medicines Regulatory Authority.

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