Alexander von Gontard

Soiling in Children and Adolescents

A Practical Guide for Parents, Teachers, and Caregivers

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Aims of this guide

The aim of this guide is to provide information on the different types of soiling and their causes as well as on how to assess and treat them effectively. The information is intended mainly for parents but may be useful for teachers, educators, caregivers, as well as older children and adolescents. The objective of this guide is to give short and precise advice on the most important forms of soling that might affect children and adolescents. While dealing with wetting problems has become acceptable in many countries, soiling is often still stigmatized. The distress in families is higher and children with soiling have far more psychological problems than those who wet. This guide provides practical advice, step-by-step instructions, and concrete recommendations on how to achieve continence. To make it more understandable, everyday terms such as *soiling*, *daytime wetting*, and *bedwetting* are used throughout the book instead of the scientific terms. Please feel free to copy the charts and materials included in the appendix and use them for your child.

This guide was first published in 2010 and has received positive feedback from many parents. As there are no comparable guidebooks in the English language, the time had come to make this information available for parents all over the world. Due to the many new developments, the book was not just translated but was brought up to date with many innovative aspects. All recommendations are based on current scientific studies and international guidelines. We considered both European and North American practice parameters and specifically followed the recommendations of the International Children's Con-

tinence Society (ICCS). The ICCS is a multi-professional, international organization that has set out to standardize the treatment of incontinence in children based on the newest scientific evidence. Following ICCS recommendations is the best way to ensure the welfare of children being treated for incontinence.

As many children not only soil but are also affected by wetting, a separate companion guide is available for this type of incontinence (*Wetting in children and adolescents: A practical guide for parents, teachers, and caregivers*; Hogrefe Publishing, 2017).

I would like to thank Hogrefe, and especially Mr. Robert Dimbleby and Ms. Juliane Munson, for their enthusiasm and support of this project. I hope very much that this guide will be of help to many families to achieve continence.

Saarbrücken, Germany, June 2016

Alexander von Gontard

How should I use this guide?

The aim of this guide is to provide the reader with information that is organized as logically and explained as simply as possible. The two most common forms of soiling, with and without constipation, are discussed right at the beginning before we talk about toilet refusal, soiling with wetting, and soiling in combination with psychological problems.

Soiling with constipation is the topic of Chapter 2. Basic aspects of treatment, which apply to all types of soiling, will be presented here.

Chapter 3 deals with soiling without constipation. Please also read Chapter 2 because the treatment basics for soiling with constipation are the same.

In Chapter 4, aspects of toilet refusal will be presented. This is relevant for children who insist on using the diaper for their bowel movements but do void urine into the toilet. If your child does not show this kind of behavior, you can skip this chapter.

Combined wetting and soiling is dealt with in Chapter 5. If your child does not wet, you can skip this chapter.

Chapter 6 is dedicated to the combination of soiling and psychological problems and disorders. If you do not see major problems in your child's behavior and emotional well-being, you can skip this chapter.

The aim of this guide is to provide you with practical information on soiling and ways to treat it. However, it is

important that you seek professional help. Because medical causes of soiling have to be identified – or ruled out – before treatment can begin, every child or adolescent needs to be examined by a pediatrician or general practitioner. For a good assessment it can be of great help to fill out the Soiling Questionnaire (Appendix 1) before consulting your physician. If your child is affected by both soiling and wetting, the information collected in the 48-Hour Toilet Chart (Appendix 2) is of great importance. During treatment of soiling we recommend that you use the charts in Appendices 3, 4, and 5 as they can be very motivating and support the treatment. Please discuss the charts and any questions you might have with your physician or therapist.

We hope that you and your child will find this guide helpful and that you will reach continence quickly so that you can put this little book aside – or recommend it to friends.

1 General Information on Soiling

1.1 Does this sound familiar to you?

My daughter soils. In the afternoon, when she returns from school I know exactly what is going to happen. It may be during lunchtime, while doing homework, or at the very latest when she's playing. Sometimes the pants are just smeared, sometimes there are large amounts of stool in them. Sometimes my daughter seems to be distressed, but usually she seems not to care at all. She simply continues to play and does not go to the toilet until the underpants are completely full of poo. I feel completely helpless because I do not know what I've done wrong. I would like to help my daughter, but I do not know how. All the advice I have received so far has not helped. On some days, I am really angry, especially if I find hidden underpants full of feces. The stinky laundry is really not very pleasant. I simply wish that this would stop.

In contrast to other problems, many parents are often left alone with this plight. They often do not dare to even speak about it with other parents because other children seem to function so much better and are so successful – only their child seems to have these problems.

Many parents seek advice from their pediatrician, general practitioner, or therapist. When the soiling does not stop, parents sometimes seek psychotherapy or consult alternative medicine practitioners. This is a pity because effective treatments are available! The main requirement is that a good and careful assessment is performed, as different

forms of soiling exist. Also, soiling may be – but does not need to be – combined with wetting as well as psychological problems and disorders. These two examples of Paul and Lisa illustrate the different types of soiling:

> Paul is a seven-year-old boy who has good grades in school. He is in second grade. Unfortunately, he disrupts class very often, he teases other children and does not follow the rules. Soiling never happens during school time but in the afternoons and evenings. Sometimes Paul soils large amounts of stool, which are either very hard or very liquid. Paul seldom goes to the toilet to move his bowels. Sometimes 2 or 3 days will pass before he goes to the toilet again. Moving his bowels is often very painful for him, and Paul often complains about tummy aches. He is a very picky eater and does not drink very much. Although he has been dry before, he began to wet his bed again when entering school. During the day, he doesn't go to the toilet very often to pee and his pants are nearly always wet. Paul is a very lively boy and often gets into long discussions and arguments when he is asked to do something.

> Lisa is in first grade and, just like Paul, never soils during school time. Although she has regular bowel movements every day, with her stool normally formed, she soils in the afternoons. She is very ashamed of the soiling and

> tries to hide it. She has been teased by her girlfriends and has cried bitterly. Apart from that, she has many interests and is socially well-integrated.

Do these or similar descriptions sound familiar to you? If yes, then this guide will be able to help you. Despite all the stress and worries induced by soiling, there is a very positive general message: Most children can become continent. Some children are very quick about it, while others need longer to overcome the problem. If parents and children cooperate actively, all efforts are well invested. Once children become continent, their self-confidence and feelings of self-worth increase – they feel happier and relaxed. At the same time, stress, tension, and worries in the families become less. The aim of this guide is to give you direct and practical suggestions on how to achieve this goal, step by step. But first, we will give you some general information.

1.2 What is the definition of soiling?

The scientific term for soiling is *encopresis*. Some specialists prefer the neutral term *fecal incontinence*. For easier understanding we will use the everyday term *soiling* throughout this book. Soiling is defined as repeated passing of bowels in inappropriate places from the age of four years onwards – after medical causes have been excluded. The most important aspects of soiling are reflected in this short definition. If a child soils once every few months, this is certainly not a reason to worry. Only if a child soils at least once a month for the duration of three months, the soiling is considered to be a real disorder or condition. If

it occurs less than once a month, it can be a stressful experience but it is considered to be a temporary problem. If soiling happens to your child on rare occasions, try not to make a big fuss about it but comfort your child. Temporary soiling really does happen to many children.

Soiling can only be considered a disorder or condition when the child has reached his or her 4th birthday. Why is this age definition so important? The reason is that soiling is so common among three-year-old children that it is seen as part of natural maturation and not as a disorder.

The age range in the development of continence is enormous and varies greatly from child to child. Some children want to become continent as early as during their second year of life. They send out active signals that they would like to be potty trained. This initiative of the child can be encouraged by parents in a playful manner. If the child achieves continence, this is a huge developmental milestone and most children are extremely proud. Other children need more time – and this is completely normal, too. According to many studies, it is fine to grant two- and three-year-old children more time, giving them diapers if they wish, and to wait until their fourth birthday. Only from this age onwards, soiling is no longer seen as part of normal development but as a disorder that can be assessed and treated.

It is not important when potty training is started, but that parents support their child when he or she gives signals of being ready for training. Some children do this quite early, while others need more time. In contrast, potty training first and primarily started by parental prompting

is not optimal. A few decades ago, when washing machines and throwaway diapers were not available, many parents tried to potty train their children at a very early age. Some even started potty training during infancy (during their first year of life) when a child is developmentally not able to control bladder and bowels. Nowadays, starting training too late is a more prevalent problem than early potty training. Some parents try not to put pressure on their children and support a laissez-faire attitude. They can sometimes overlook the signals their child gives or are afraid to prompt them. As a consequence, potty training is not supported by parents actively and is started too late. This, too, is not optimal for children.

In addition to age of potty training, the tone and atmosphere in which it is conducted is decisive. A pleasant and playful atmosphere makes it much easier for the child to gain bowel control – and the joy is great when this has been achieved. Pressure, threats, shouting, or punishment will not lead to earlier continence – to the contrary, the likelihood for soiling at a later point increases greatly. Similarly, little interest in or support for potty training will also not be helpful.

All in all, the definitional age of four years makes a lot of sense. Parents should give their child all the time he or she needs – and support their child actively when he or she is ready to be potty trained. They should not be discouraged or unsettled by preschool teachers. In some countries, prejudices abound that every child has to be continent before entering preschool. This is simply not true and not very considerate of the individual develop-

ment of the child. It is not a problem for a child to go to preschool wearing a diaper. If the diaper needs to be changed, teachers can assist the child. Also don't let friends or relatives upset or unsettle you – your child does have time to become continent until he or she is four years old.

1.3 What types of soiling are there?

Soiling occurs almost exclusively during the day. If it does happen during the night, this should be a reason to be especially careful with medical examinations, as nighttime soiling is more often due to a somatic or medical cause. The usual presentation of soiling is during the day.

In the past, soiling was differentiated into primary and secondary soiling. Primary means that the child has never been continent for more than six months in a row. In contrast, secondary soiling designates a relapse after the child has been continent for at least six consecutive months. Since recent studies have shown that there are no differences between primary and secondary soiling and because treatment is the same for both types, the differentiation into primary and secondary soiling has no practical relevance for assessment and treatment and is no longer needed.

The most important question that you have to answer is: Does your child just soil – or is he or she also constipated? Finding out whether the child is constipated is the most important step for treatment, but constipation is not always easy to detect. It is not sufficient to note how often

a child goes to the bathroom. For children who go to the toilet only once or twice per week it seems obvious and constipation can be suspected. Other children pass their bowels every day on the toilet but still hold back stool and are constipated. They often feel pain when they have bowel movements as stool can be very hard. When the abdomen is felt with the hands, one can even detect the hard stool masses, which are also visible in ultrasound examination. Here, soiling is a consequence of constipation and retention of stool. Abdominal pains and reduced appetite are also common for these children. The most common type of constipation is *functional constipation*, i.e., when medical causes have been ruled out.

Other children soil but are not constipated at all. This type of constipation is called *nonretentive fecal incontinence*. In this case, it is much more difficult to understand why the children soil. But no matter what the causes of soiling are, effective ways of treating the children are always available.

Some children pass urine when on the toilet but stubbornly refuse to move their bowels. They demand to have a diaper for their bowel movements. This behavior, which worries many parents, is called *toilet refusal*. It is completely harmless if it persists for only a short time. If toilet refusal, however, continues for months or even years, constipation is likely to develop.

You will hear more about the different types of soiling in later chapters.

1.4 How common is soiling?

Many parents are astonished to hear how common soiling actually is among children. They are often convinced that only their child is affected by this problem. And yet, soiling is one of the most common disorders of childhood. Between age 4 and 16, 1–3 % of all children and adolescents are affected, which comes out to a large number of children. Three groups of children with different soiling behavior can be identified. Some children continue to soil continuously over many years. Others have times when they are continent – and times when they relapse. In the third group, the rate and likelihood of soiling slowly diminishes over time in the process of natural maturation.

The prevalence of soiling is lower during late adolescence, but studies and exact figures are not yet available. We do know, however, that if soiling is not treated for a sufficiently long time during childhood, it can persist into adolescence and even young adulthood. It can turn into a chronic condition children and adolescents may not grow out of. Therefore, "waiting it out" is not the way to go. Early and intensive treatment of soiling is a good start for long-term success.

1.5 What are the causes of soiling?

This question is a real concern for many parents and children. Unfortunately, lack of information and prejudices are common, not just in families but also among teachers, therapists, and even physicians.