What is toddler’s diarrhoea (TD)?

Toddler’s diarrhoea (TD) is the most common cause of chronic (persistent) diarrhoea in young children, mainly occurring between 1-4 years of age. TD is not a serious problem if the children are well and growing along their lines in the red book.

Children who have toddlers diarrhoea develop 3 or more watery loose poos every day. Sometimes it can be as many as 10 or more daily. Bits of undigested food (such as carrots or sweetcorn) from a recent meal can be seen in the poo. Children are usually not bothered by the diarrhoea. Mild tummy pain can occur but is not very common. Parents may find this diarrhoea both a worry and inconvenience which may delay successful potty training.

Toddler’s diarrhoea usually resolves itself by the time your child is 4-5 years old.

What causes toddler’s diarrhoea?

The cause is not fully understood. Food we eat is broken down in the stomach. Nutrients are absorbed in the small bowel (1st part of the bowel). The large bowel (colon) absorbs any excess water and helps produce formed poo.

There is some evidence which suggests that the balance of fluid, fibre, undigested sugars and some other foods that reach the large bowel may be different in children who have TD. This can mean that more water is kept in the bowel rather than being absorbed into the body. In young children, even a slight increase in water left in the large bowel can cause poo become more frequent and runny than normal. A low fat diet may also contribute to TD.

TD is NOT due to malabsorption (poor absorption) of food or to a serious bowel problem. It is also NOT due to intolerance (sensitivity or allergy) of a type of food. As the child grows the large bowel becomes more efficient, and the condition gets better.

What is the treatment of toddler’s diarrhoea?

Usually no treatment is necessary. As your child grows older it will get
better. However, in many cases the diarrhoea will improve or become less severe if the child changes certain eating and drinking habits. These can be easily remembered by 4Fs, that is fat, fibre, fluid and fruit juices.

**Fat**

The diet of pre-school children should include 35-40% fat. This means drinking full-fat milk rather than semi-skimmed, yoghurt, cheese, milk puddings and dairy products. If they are not having this much you will need to increase the fat intake. However, from 5 years of age you should reduce fat intake and change milk to semi-skimmed.

**Fibre**

A balanced diet with plenty of fibre such as fruit, wholemeal bread and vegetables is best. Fibre has an action like blotting paper and absorbs water in the bowel. It results in bulkier poos which are less runny.

**Fluids and fruit juices**

It is best to give water to children for most drinks and keep fruit juice as a treat. Too much juice and squash is not good because:

1. fruit juices contain various sugars, some of which are not digested or absorbed and reach the large bowel. Here these may act to keep water in the bowel and cause diarrhoea. Clear apple juice is probably the worst as it contains a lot of these sugars.
2. sugar in juice and squash contains lots of calories which reduce children’s appetite for normal meals. As a result children eat less fat and fibre at normal mealtimes. Some children get most of their daily calories from juice and do not eat very much solids.

**Summary**

Toddler’s diarrhoea is not serious and will get better as your child becomes older. In some young children it may be caused by the wrong sort of diet.

It may help stop TD if your child:

- does not drink too much fruit juice, squash, fizzy or sugary drink.
- has enough fat in the diet, such as full-fat milk etc.
- has enough fibre in their diet such as fruit, wholemeal bread and vegetables.

**You should see your GP if:**

- your child still has diarrhoea more than 4 times a day one month after you made changes to his/her diet (the 4F’s)
- if your child does not gain weight
- if there is blood in the poo
- if your child is generally unwell and lacking in energy.

Your GP may then refer your child to a paediatrician.