

Pediatric Functional Abdominal Pain Treatment and Referral Guidelines



Developed in a collaboration of pediatric gastroenterologists from the Departments of Pediatrics at Carolinas Health Care, Duke University, East Carolina University, University of North Carolina, and Wake Forest University and primary care providers from across North Carolina

TIPS FOR PROVIDERS

Decision-making Based Upon History¹

- If early morning pain, pain awakening patient at night, early satiety, nausea, sour breath, belching, consider peptic source of the pain.
- If cramping pain and/or bloating and/or intestinal gas related to meals, consider carbohydrate malabsorption (lactose, fructose, sorbitol).
- If respiratory symptoms such as chronic nocturnal cough, wheezing, laryngitis, consider gastroesophageal reflux.
- If fever, weight loss, poor weight gain or delay in puberty, no increase in height, joint complaints, rash, consider inflammatory or infections process.
- If self-induced purging behavior with or without weight loss, consider an eating disorder.
- If the pain occurs with specific physical activity, consider muscle strain.
- If there is episodic swelling of the throat or skin (extremities, face, genitalia), consider hereditary angioedema.
- If infrequent stooling, incomplete evacuation, encopresis, diet low in fiber and high in starches, consider constipation.
- If presence of melena consider peptic, blood in stool with weight lost or diarrhea, consider inflammatory bowel disease.

Decision-making Based Upon Physical Exam¹

Patients and their families are often concerned that they may have a serious organic disease. Therefore, it is important to do a thorough complete physical exam in addition to a careful abdominal examination and keep in mind the following fundamentals:

- The further the pain from the umbilicus, the greater the likelihood of organic disease.
- If there is a mass in the left lower abdominal quadrant and hard stool in the rectal vault, or abdominal distension, consider constipation.
- If there is arthritis and/or rash, weight loss, failure to reach lineal growth benchmarks, consider inflammatory or infectious process.
- If there is muscle tenderness or pain with certain physical activities, consider muscle strain.
- If there is cervical motion tenderness, adnexal tenderness, or adnexal mass on pelvic examination, consider pelvic inflammatory disease, ovarian cyst/neoplasm, ectopic pregnancy.
- If blood in stool with weight loss or diarrhea, consider inflammatory bowel disease

Counseling Families

Primary care providers can educate families about the interplay between the central nervous system, the enteric nervous system, and real life. This interplay may cause abnormal visceral perception and altered motility of the gastrointestinal tract, resulting in pain. Often there are psychosocial factors that impact the brain-gut axis.

Relaxation or biofeedback techniques can be helpful, and it may be beneficial to refer some patients to a behavioral health specialist skilled in behavioral cognitive therapy who can teach the patient how to implement muscle relaxation exercises with the goal being to help the patients learn to relax. Psychotropic medications may also be utilized by a behavioral therapist when appropriately indicated for specific symptomatology.

References

- 1 Child with Functional Abdominal Pain. <http://medpeds.med.ucla.edu/MPOC/10-11/3-21-11,%20Child%20with%20Abdominal%20Pain%20-%20La/MPOC%20Child%20with%20Abd%20Pain.pdf>. UCLA Med-Peds Outpatient Curriculum. Published March 2011. Accessed July 1, 2013.