

Functional Abdominal Pain in Children and Adolescents

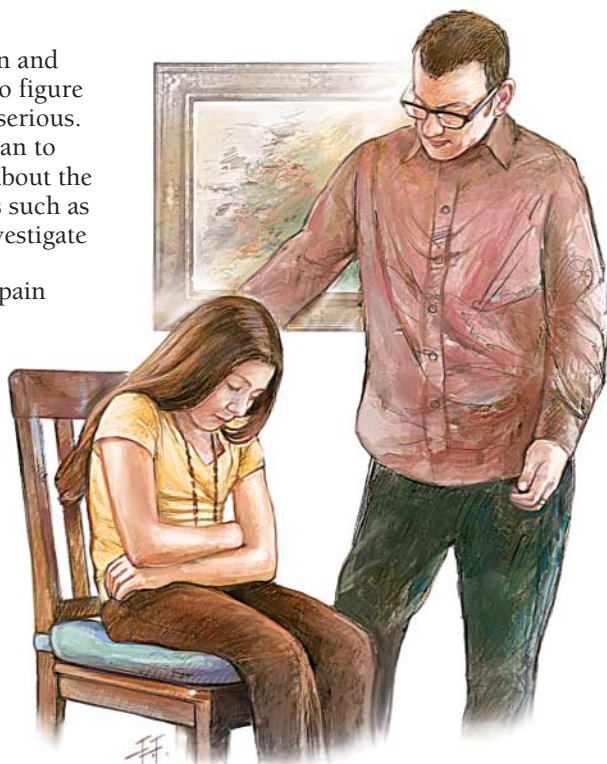
Abdominal pain is very common among children and adolescents. It can be challenging for parents to figure out what is causing the pain and whether it is serious. When a parent takes the child to the pediatrician to evaluate the abdominal pain, the doctor will ask questions about the pain and do a physical examination. Sometimes other tests such as blood tests, urine tests, or radiology tests are needed to investigate the abdominal pain.

There are many causes of chronic recurrent abdominal pain in children, but parents may find it surprising that it is very common for there to be no clear cause identified for childhood abdominal pain even though examinations and tests have been done.

Functional abdominal pain is a diagnosis that may be made if a child has a particular pattern of symptoms and no other tests for other abdominal diseases have been positive. The symptoms of recurrent functional abdominal pain include pain often located in the middle of the child's abdomen. The pain may happen once in a while or all the time. Typically there is no nausea, vomiting, or fever with this kind of pain. The pain is not usually worse with eating, but it may be worse if the child is under stress or worried about something.

Children diagnosed as having functional abdominal pain may have potential negative consequences of this illness. These children are at risk for increased psychological problems such as depression, missing out on activities and school because of the pain, and decreased quality of life. Functional abdominal pain can be difficult for parents to cope with, as they see their child in pain but no medical tests can prove the diagnosis.

Fortunately, there are treatments for functional abdominal pain. One treatment for functional abdominal pain that has had good success is cognitive behavioral therapy. This treatment often includes several sessions with a trained therapist in which the child and parents learn ways to think about and cope with pain. These may include learning to relax during times of pain and approaches for the child to stay involved in school and regular activities. A study in this month's issue showed that 1 year after the treatment, children in this type of treatment had improved pain and better ways to cope with the pain when it happened.



FOR MORE INFORMATION

American Academy of Pediatrics
<http://www.healthychildren.org/English/health-issues/conditions/abdominal/Pages/Abdominal-Pain-in-Children.aspx>

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Megan A. Moreno, MD, MEd, MPH, Writer
 Fred Furtner, Illustrator
 Frederick P. Rivara, MD, MPH, Editor

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