

Recurrent Abdominal Pain

About recurrent abdominal pain

Recurrent abdominal pain (RAP) is a stomach ache that lasts a long time or that keeps coming back.

- It is one of the most common symptoms in childhood worldwide
- About 10-20% of school aged children report episodes of abdominal pain
- Most children will have no physical blockage, infection or inflammation causing the pain
- When fully investigated, only 8 out of 100 children with recurrent abdominal pain will have a treatable physical cause or disease
- The pain is due to an extra sensitivity of the digestive system
- It can have a major impact on your child's day and can become a common reason for missing school
- This time can be worrying for parents as they fear there must be something seriously wrong with their child.
- Recurrent pain at other sites such as headaches or limb pain is common too and will be looked into at the same time as the abdominal pain
- It can be made worse by stress, anxiety and depression

What are the symptoms

Functional dyspepsia

Pain or discomfort in the upper abdomen (above belly button) that recurs or persists

Irritable Bowel Syndrome (IBS)

IBS causes bloating with loose stools and abdominal pain. Symptoms include change in frequency and appearance of poo. Pain or discomfort lessens after pooing.

Functional Abdominal Pain (FAP)

Pain that happens from time to time or is continuous and does not appear to come from a particular physical cause. Often this pain is felt in the central tummy area. There are no signs of serious illness such as a fever, weight loss, persistent vomiting or blood in the poo

FAP Syndrome (FAPS)

Some loss of daily activities. Other symptoms such as headaches, limb pain or difficulty sleeping.

Abdominal Migraine

Times of intense acute pain around belly button lasting one or more hours where symptoms may worsen or appear suddenly. This can interfere with some activities. This can also cause reduced appetite, feeling sick, vomiting, headache, light hurting the eyes, looking pale.

Issues that can be linked to RAP

- Health worries in the first year of child's life
- Gastrointestinal problems in parents
- Illness in siblings
- In rare cases, RAP may be a symptom of child abuse

Features that might suggest a physical cause

If any of the following are present you should seek medical advice

- Unintentional weight loss
- Delayed puberty
- Bleeding in the poo
- Significant vomiting, especially green bile or blood in vomit
- Chronic severe diarrhoea
- Unexplained fever
- Persistent right upper or lower abdominal pain
- First degree relative with inflammatory bowel disease (IBD) such as Crohn's disease, ulcerative colitis and indeterminate colitis
- Urinary symptoms
- Back pain

Conditions linked to RAP that could appear in later life

- There is a link between having long lasting (chronic) abdominal pain as a child and developing IBS as an adult, especially in girls
- There is a risk of later emotional symptoms and psychiatric disorders particularly anxiety disorders.

What causes recurrent abdominal pain?

Although the condition has been extensively studied, we are still unsure of the exact cause. It does seem that in some children, their nerves in the gut become very sensitive and pain is experienced even though the intestines are functioning normally.

Sometimes after a mild illness, the way your body processes pain changes. Nerve signals from the gut or brain can cause the gut to be more sensitive to triggers that do not normally cause pain, such as stretching or bloating.

A lot of the sensations that are usually filtered out are felt more deeply and the body recognises this as pain, and send out more signals to try to address the pain which can in turn worsen pain. This is called the up-regulation of the pain pathway.

Sometimes these feelings can be brought on by stressful situations in the same way people get headaches when they are worried, feel sick when they are given bad news, need to urinate when nervous or have loose stools when anxious.

Caring for your child at home

You may wish to think about possible triggers in your child's diet, such as the artificial sweetener sorbitol, fizzy drinks and caffeine.

Children and young people who are a normal healthy weight, eat a balanced healthy diet with plenty of fruit and vegetables and get regular exercise have healthier guts.

Medicines are not helpful in preventing or reducing recurrent abdominal pain. Distraction can be more useful, for example, a trip to the park, having a bath or something else your child enjoys.

What tests should I expect the doctor to do?

Your doctor will ask you questions about the pain, your child's diet, bowel habit and general health. They will also look at your child's growth.

Based on this assessment, your doctor may arrange for some blood tests to rule out serious, but much less common, conditions. They may also ask for a sample of urine or poo for testing. Most of the time, tests are not needed.

What treatment is available?

This condition takes time to manage and you may need more than one appointment with your doctor. Your GP may refer your child to secondary care (paediatrics). There is not enough evidence of a specific treatment or intervention being useful. A large part of management involves discussion, explanation and reassurance rather than treatment or intervention.

It is important that you and your child understand there is *no physical abnormality* which is causing their pain. Anxiety about a possible underlying disease, or focusing on the pain, will make it worse. This does not mean you should ignore the condition, but to offer reassurance and distraction rather than reinforce it.

For a younger child, it may be helpful to explain to them that their tummy is very sensitive and sometimes hurts as the food goes around the bends.

An older child may be able to understand the information and the description of the up-regulation of the pain pathway.

It is important that you do not allow the condition to change your child's social activities or allow it to become a reason for missing school. Even when the pain persists, it is reassuring to learn that this is a known condition, and that it is not dangerous. Being positive about getting better will send the right message to your child.

Some of the following can be helpful for some children

1. Cognitive behavioural therapy is a talking therapy that can help you manage your problems by changing the way you think and behave.
2. Family therapy as part of the CBT approach
3. Mindfulness activities