Providing care together in York, Scarborough, Bridlington, Malton, Selby and Easingwold Communities

York Teaching Hospital NHS
NHS Foundation Trust

Recurrent Abdominal Pain (RAP) in Children

Information for parents, relatives and carers

ⓘ For more information, please contact:
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RAP is one of the most common symptoms in childhood worldwide affecting around 1 in 10 children (girls>boys), most commonly between ages of 4 and 14 years with age range peaks 4-6 and 7-12 years. Children can miss a lot of school due to this. In most cases the cause cannot be explained by structural or biochemical disorders. Only 8% of RAP after extensive investigation have a treatable physical cause/disease. This time can be worrying for parents as they fear there must be something seriously wrong with their child. Recurrent pain at other sites is common.
There have been attempts to describe common symptom complexes involving abdominal pain:

Rome III criteria, 2006

1. Functional dyspepsia – Persistent or recurrent pain or discomfort in the upper abdomen (above belly button)
2. IBS – Change in frequency and appearance of poo. Pain/discomfort improves with pooing
3. Functional Abdominal Pain (FAP) – Episodic or continuous pain with insufficient criteria for other functional pain
4. FAP Syndrome (FAPS) – Some loss of daily activities. Other symptoms such as headaches, limb pain or difficulty sleeping
5. Abdominal Migraine – Paroxysmal episodes of intense acute pain around belly button lasting one or more hours. Stops some activities. Associated with reduced appetite, feeling sick, vomiting, headache, light hurting the eyes, looking pale

Risk factors for RAP

1. Health worries in the first year of child's life
2. Gastrointestinal problems in parents
3. Illness in siblings
4. In rare cases RAP may be the presenting symptom of child abuse

History suggesting underlying organic disease

1. Weight loss
2. Not getting taller/Poor growth
3. Delayed puberty
4. Blood in poo
5. Significant vomiting especially green bile or blood in vomitus
6. Chronic severe diarrhoea
7. Unexplained fever
8. Persistent right upper or lower abdominal pain
9. First degree relative with inflammatory bowel disease

Investigations may be required to exclude particular conditions suggested by history and examination especially in presence of above symptoms
Associated diseases – Association between children with chronic abdominal pain and IBS as adults (especially girls). Risk of later emotional symptoms and psychiatric disorders particularly anxiety disorders

Management

RAP requires follow-up and the GP may need to refer to secondary care (Paediatrics). It takes time to manage and may need more than one appointment with a doctor. There is insufficient evidence of a specific treatment or intervention being useful but some are mentioned below. Significant part of management involves discussion, explanation and reassurance

1. Some evidence that cognitive behavioural therapy (CBT) with the help of a psychologist may be useful if this is available
2. Family therapy as part of CBT approach
3. Distraction techniques like MoodGym and Mindfullness apps
4. Limit use of medications to those with severe symptoms
    - Peppermint oil for IBS in young people above 14 years
    - Pizotifen for abdominal migraine
    - Drugs to suppress acid production in the stomach
    - Drugs to reduce spasm of the bowel like Meberverine
    - Probiotics like ‘BioGaia’ (Lactobacillus Protectis) which can be purchased online

There is some evidence to suggest that some dietary changes might make a difference to the pain. Excluding large food groups can be harmful to children as it can cause other problems so should only be done with the help of a dietician

Prognosis

The good news is that 7 out of 10 children get better. The rest may develop abdominal pain in adulthood that may be diagnosed as IBS. If families are able to manage pain in childhood and develop coping strategies then the outcome is better. Keeping children in school and teaching them to relax and use of distraction techniques is beneficial.