ABDOMINAL PAIN: RECURRENT*

DEFINITION:
Recurrent abdominal pain of childhood (RAP) or functional abdominal pain is a common problem for young children. Some surveys indicate that as many as 30% of all school children will have RAP by the time they become teenagers.

SYMPTOMS:
The most common symptom of RAP is pain in the abdomen that occurs off and on over at least a three-month period. The descriptions of the pain vary widely from child to child and are often quite variable in the same child at different times. The pains may be very severe, causing a child to look pale, become sweaty, cry and double over. The pain may be so severe that the child cannot attend school. The pains may be sharp or dull. They may last for minutes to hours. They are usually located in the middle of the abdomen, but they may be anywhere. They may occur either in the daylight or at night, and their relationship to eating is unpredictable. In fact, one of the most consistent characteristics of RAP is its variability and its unpredictability! As with many chronic conditions, RAP often becomes worse with the stresses of everyday life, frustration, anger, and excitement.

It is important to realize that the pain of RAP is real. Children with RAP, like adults with irritable bowel syndrome, are not malingerers. They are not faking their symptoms. Reactions to the pain may be exaggerated by fear and anxiety and alleviating anxiety is one of our aims in treating children with RAP.

Other common symptoms in children with RAP include vomiting in about one-third, headaches and limb pains. Although a child with RAP may have a poor or very picky appetite, he rarely loses weight. Children with RAP rarely have fever associated with pain, although in a condition lasting as long as RAP, it is not unusual to experience an occasional fever due to another coincidental infection.

CAUSE:
The simplest answer to this question is “nobody knows.” The intermittent nature of the complaint and its resemblance to the irritable bowel syndrome of adults have lead many to suppose that RAP comes from abnormal muscle activity or “spasms” in the bowels. There is little proof of this except that some children are better when taking
antispasmodics. Other experienced pediatricians and gastroenterologists prefer to explain RAP by saying that the child’s belly is his “Achilles heel”, his “shock organ”, or his “weak spot” and that anything that disturbs the child’s sense of wellness will be manifest in abdominal symptoms. Typical stresses that are often associated with RAP are school problems and family discord. Children with RAP are often described as bright, sensitive and very demanding of themselves. This explains why school is a source of stress even though the child is doing well both academically and socially. When a child is a perfectionist, an A minus may carry as much emotional weight as an F for another child.

One of the characteristics of RAP is that the physical examination, the results of urine and blood tests and x-ray examinations are normal. There is no abnormal test that tells us that a child has RAP. The typical history, coupled with the normal physical examination are usually enough to make a diagnosis. Occasionally, when the history contains some unusual features, a blood count, urinalysis, abdominal x-rays, or other blood tests are done, but this is usually unnecessary. A prudent doctor considers many unusual diagnoses that could cause pain during the course of a consultation but most of these diagnoses can be eliminated through a careful review of symptoms, a thorough physical and very simple blood and urine tests.

HOME TREATMENT:

Whether a child is suffering from pain that comes from a broken arm, an intestinal infection or recurrent abdominal pain of childhood, he or she is still suffering. It is the aim of treatment to alleviate this pain as completely as possible.

1) Medication: Medications notoriously don’t help this condition. Almost everyone tries antacids and pain relievers (such as Tylenol) at one time or another, but it is rare that these medications help consistently. Antispasmodics such as Donnatol and Bentyl are sometimes useful when taken regularly but not when an episode of pain is in progress.

2) Diet: There is no predictable relationship between pain and diet that applies to all children. However, in some individuals, a clear relationship between a particular food and subsequent pain is observed. In these cases, avoiding the offending food is perfectly reasonable. Milk and milk containing foods seem to cause problems in some children and “spicy foods” and soft drinks in others. The best advice regarding food is to “respect your insides.” A child with RAP should not skip meals, should eat at predictable times and should not overload himself with unusual foods at any single meal. Increased fiber in the diet or fiber supplements such as Metamucil are sometimes helpful especially in older children and in children with irregular bowel habits and/or pain with defecation. Understanding RAP is the best therapy. The most important thing a doctor can do is help the child with RAP understand the nature of the problem. Up to the point of diagnosis, there is usually much confusion and uncertainty about the cause. The child worries that he might have an ulcer, maybe he or she had food allergies, maybe there’s a disaster going on that has been missed. All of these concerns increase the child’s anxiety and add to the symptoms. Once a child knows that he/she has a common problem that many children have it and that his complaints are being taken seriously, the child becomes better able to cope with the
symptoms. If a child has been missing school with RAP he/she must return to school. Staying home is the worst therapy for RAP. Many children find when the pain starts that, if they remind themselves that it is “just their usual bellyache again” they can keep the pain under control.

3) **Stress:** If there are stresses in the child’s life, either real or imagined, they should be identified and attempts made to lessen their severity. If parents are going through marital problems, no matter how hard they try to hide it, the child can sense that something is amiss. If a child’s schedule of activities is very intense, he may benefit from some help in trimming down his responsibilities. If a child is a perfectionist, he may benefit from some reassurance about his school performance. If a child has fears (even silly ones) about his health, they need to be discussed and not ignored.

**What can we expect in the future?**

In about one-third of children with RAP, symptoms improve once the diagnosis is made and appropriate measure taken to alleviate pain. In another third, the abdominal pains improve, but the child may be bothered off and on by other functional complaints. In a third, the abdominal pains may persist. In the rare children who are severely and chronically disabled by RAP, thorough evaluation into both medical and emotional health may be necessary. RAP does not turn into anything else. Persons with RAP are no more likely than anyone else to have ulcers, gallbladder disease or other conditions. Specifically, patients with RAP are not likely to develop psychiatric problems. Remember, RAP is a very common problem.

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