

Recurrent Abdominal Pain

Hilliard Pediatrics, Inc. -- Dr. Tim Teller, M.D. - 7-14

Introduction.

Many toddlers, pre-schoolers, and grade-school age children complain of abdominal (belly, stomach) pain. When it is frequent, is not associated with more serious symptoms, and seems to come and go without a more obvious cause, pediatricians call this **recurrent abdominal pain** (RAP). Often this pain comes and goes, off and on for months or years and eventually goes away on its own.

Causes.

The great majority of children with recurrent abdominal pain do **NOT** have anything medically wrong with their stomach, intestines, etc. Many of these children are telling us their stomach hurts when they notice the normal, daily pains and pressures and changes that happen in their abdomen (belly, stomach): gas, hunger, need to empty the bladder, need to have a bowel movement, feeling full, and having something you ate or drank upset your stomach. Even very intelligent children do not understand their body the way we adults do and it is understandable that they might not be able to use other words (besides “my tummy hurts”) to tell us what they are feeling.

Most children at this age are going through the very normal (and often frustrating) stage of greater independence. This stage leads to many children in this age group to “battle” with their parents through their words and actions. These battles are often referred to as “issues of control”. The child is trying to demonstrate they have some control in their lives. Children quickly learn that many things they tell us get a reaction from us. One of those reaction-getters is telling your parents that your stomach hurts. Even nice, wonderful kids use this “my tummy hurts” phrase to avoid or get out of doing things they might not otherwise do: finish their dinner, eat their green beans, drink their milk, eat when they wanted to watch TV, go to bed, etc.

Many more serious conditions can cause abdominal pain. But each of these conditions will “declare itself” (let us know it is there) by having more serious signs and symptoms show up. The symptoms to watch for with recurrent abdominal pain are:

1. **Unexplained fevers** (temperatures at or above 101 degrees).
2. **Persistent diarrhea** (more than 3-4 bowel loose, watery bowel movements a day).
3. **Persistent vomiting**.
4. Unexplained **blood in the bowel movements** (an occasional, small amount on the outside of the bowel movement when the child has passed a large, formed stool is not unusual).
5. **Weight loss**.

If these serious signs or symptoms occur, we will need to see your child for an office visit and often for a discussion of what we will do (lab tests, x-rays, etc.) to find the cause of these signs and symptoms.

The abdominal pain can happen in certain ways that should make us feel reassured that it is not more serious. These include:

1. A brief bout (less than 20 minutes) of pain.
2. Pain that goes away after a short rest.
3. Pain that does not leave the child doubled over in pain.
4. Pain that only seems to happen when the child is trying to avoid something (bedtime, finishing their dinner, eating their vegetables).
5. Pain that does not keep the child from doing things they really enjoy.
6. Having the child point to the area around their belly button (umbilicus) when asked where it hurts (the vast majority of children with recurrent abdominal pain will point to their belly button if asked where it hurts).

Sometimes the abdominal pain falls into a particular pattern. Read the descriptions below.

<u>Pattern</u>	<u>Condition</u>	<u>Treatment</u>
Pain relieved by passing large, formed, infrequently passed bowel movements.	Constipation.	Avoiding/cutting down on milk/dairy/cheese, bananas, and carrots. Increasing intake of water, fresh fruit and vegetables (especially raisins, prunes, peaches, pears, apricots, citrus), & fiber (popcorn, oatmeal, whole wheat). See below.
Pain associated with lots of gas and relief from passing watery, foul-smelling stools	Lactose intolerance.	Avoiding lactose (the milk sugar). This requires avoiding or cutting back on milk and dairy. Soy milk and lactose-free milk are used as substitutes.
Pain associated with painful urination, frequent urination, back pain, bladder pain, urinary urgency, and/or fever.	Bladder/urinary tract infection ("UTI").	An appointment with the doctor to test the urine for signs of infection. We will send the urine for a culture and treat your child with an antibiotic if a UTI is suspected after the office visit.
Pain only associated with an occasional, brief swelling in the groin or private parts.	Hernia.	An appointment with the doctor will help determine if a hernia is present. If one is suspected, we will refer your child to a pediatric surgeon.
Pain associated with hives or welts on the face & body that occur with particular foods.	Food allergies.	Avoiding the offending foods. Often precisely knowing which foods are causing the problem requires the help of an allergist.
Pain associated with a sour taste in the mouth, a burning feeling under the ribs and in the chest ('heartburn'), and possible vomiting.	Gastroesophageal Reflux Disease ('GERD').	An appointment with the doctor will help determine if GERD is present. Treatment will be based on the frequency and severity (how often and how bad) of the symptoms. Please see our Acid Reflux handout.
Abdominal pain, irritability, diarrhea, vomiting, and weight loss after eating gluten (wheat protein).	Celiac disease.	Children who are suspected of having celiac disease should be seen and have blood work done. If we find the blood work to show evidence of celiac disease, a referral is made to the Gastroenterologists at Nationwide Children's Hospital.

What to do.

If your child frequently complains of abdominal pain but does not show any of the worrisome signs or symptoms listed above, try these ideas:

1. Keep track of the days, times, and circumstances of the complaints of pain. A pattern to the pain can be very helpful in figuring out what may be causing it.
- 2- When they do complain of pain, remind them the pain may mean their tummy is trying to tell them something. Is it time to go potty? Is it time to eat? Did they eat too much or something that upset their tummy? Did they eat a well-balanced diet that day?
3. If the stomach does hurt, let them rest briefly (while sitting at the table, resting on the couch, on their bed).
4. Offer sympathy but do not over do it. If a young child senses they are getting a lot of positive

attention for complaining about their tummy (no matter if it hurts or not), they are more likely to complain about it. 5. Sadly, medicines (over the counter or by prescription) are rarely of any help for abdominal pain (unless the child is constipated or having acid reflux). Avoid repeatedly offering any medicine for a stomachache in the toddler through grade school age group without first discussing it with our office. 6. Call us during regular office hours if you have further questions about ongoing recurrent abdominal pain.

If more serious signs or symptoms occur, call the office during regular office hours for an appointment.

Take your child directly to the **Nationwide Children's Hospital Emergency Department** if you child has:

1. Severe, doubling-over abdominal pain.
2. Vomits a large amount of blood.
3. Passes a large volume of blood in their bowel movement.
4. Has abdominal pain and is acting lethargic (will not respond appropriately, etc.).
5. Has painful, tender swelling in the groin or private parts that does not resolve in a few minutes.

Some children with recurrent abdominal pain will need to see the **gastroenterologist** ("GI") specialist at Nationwide Children's Hospital. If so, we will help with the referral process to set up the appointment.

Please note that dosing for medications for and more information about Acid Reflux and Constipation can be found on our protocols for those topics.

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