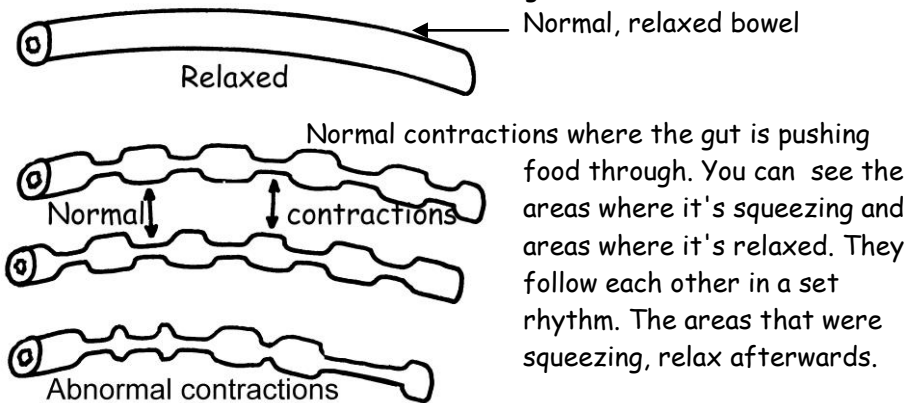


The bottom line is that this is a disorder of function, not structure. There are other similar disorders (eg headache/migraine).

This diagram shows:



Abnormal contractions where the pattern of contraction is random

### Some myths

- 1) **Emotional or psychological factors.** This is not "all in your child's head". These factors certainly have a role in management of the problem, BUT they are usually irrelevant to the DIAGNOSIS, are NOT the cause of the problem and don't predict what will happen in the future
- 2) Constipation is not a CAUSE of the pain but may make it worse.
- 3) Although the majority of teenagers with CAP complain of bad sleep, they actually get the same amount as adolescents without CAP.

### How common is it?

5% of 2yo's and up to 20% of teenagers. Young children with CAP have a high risk of it later in childhood.

### How much of a problem CAN it be?

In many ways, the "quality of life" for some children with CAP is no different than that for children with other chronic bowel diseases. So, it has the potential to be a burden!

### The challenges

This is an ongoing illness. To stop it being a burden is a big task! It's hard to understand why something causing so much pain has no physical evidence when the symptoms go.

### Towards an understanding...

Pain is often a sign of injury or damage - BUT, it doesn't actually cause damage and it doesn't ALWAYS result from damage - eg labour pains,

headache. In CAP, we're not worried something's "wrong" (in a damage sense). We want to minimise the distress and interference with school/sport etc. Some children with CAP feel gut contractions more than children without - their threshold for sensing THIS KIND of pain is lower. We don't know if this is "wind-up" (for an explanation, see addendum), sensitivity or just that children who've had severe pain respond more to the "possibility" of pain. This sensitivity happens to all of us eg normal skin around a graze is sensitive; the whole leg is sensitive even if you've only broken 1 bone. This low threshold also affects other symptoms. That is why nausea and diarrhoea (normal responses to stress) are worse in children with CAP. At times, things they don't even think of as stressful, will cause these symptoms.

### What can be done?

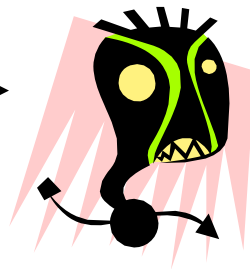
Many things have been suggested - very few have been tested in children. It's best to deal with as many parts of this as you can.

- 1) At the start, **decide on reasonable goals** - ie return to normal function rather than complete disappearance of pain.
- 2) **Make a plan** to deal with problems before they happen - eg return to school only after a plan is made to deal with specific problems IF they occur.
- 3) **Write down** where things are now: pain intensity, non-pain symptoms (nausea/ vomiting, diarrhoea, constipation, etc) and disability.
- 4) **Medications** work best when targeted at specific symptoms. Avoid reliance on "pain killers" - they don't work! Things that sometimes work:
  - "antacids" - sometimes reduce upper abdominal symptoms
  - smooth muscle relaxants** - eg Mebeverine or Buscopan
  - nonstimulating laxatives**. - if constipation is troublesome
  - anti-migraine** - can help. They make children very hungry and sometimes very sleepy
- 5) **"Traditional"/ "Alternative"** - peppermint oil, slippery elm, ginger and liquorice have been suggested. How much? How often? - we don't know. Acupuncture or gut focused hypnotherapy have also been used
- 6) **Emotional aspects** - Dealing with things like fear and frustration will lessen how your child feels and shows pain. Apart from general support, options include: conceptualisation, distraction, relaxation techniques, hot water bottle/ wheat bag, volatile oils and books (there's a little book called "Earthlight. Meditations for children" by Maureen Garth (HarperCollins, Australia. ISBN: 0732258286). As an example, conceptualisation "imagines"



the pain as something like this →  
and the "meditation" tries to get rid of it, make friends with it, talk to it etc.

Another proven (although not always more helpful) approach is seeing a psychologist. They use techniques like cognitive-behavioural therapy (CBT), biofeedback and guided imagery. CBT lessens the amount of pain and school absences. Its benefit in how the child sees their problem or their quality of life is less clear. It's no surprise that children who believe they can't reduce or accept pain in their lives are more likely to be distressed/ depressed/ disabled than children who respond with acceptance and self-encouragement. If there are other areas of your child's life that may be helped from interventions aimed at coping, a psychologist is worth the time and money. Discuss this with your GP and consider an "EPC plan". There are also some useful patient education resources on the internet including:  
<http://patients.gi.org/topics/functional-abdominal-pain-in-children/>  
<http://www.aci.health.nsw.gov.au/chronic-pain/painbytes>



### **What can I expect?**

We can't predict the pain side of things. There's no doubt that children with this problem have a greater risk of believing physical symptoms are threatening - many have hypochondriacal beliefs and think they are at greater risk of physical danger. Although they have a high risk of anxiety in young adulthood, they have no greater risk of psychiatric disorder, depression or migraine.

### **ADDENDUM**

**Wind up** (a form of "pain amplification") is suspected where there is a sudden increase in either pain intensity or spread and no reason to believe the pain stimulus has increased. It seems to result from frequent stimulation of spinal cord nerves. Although it's usually seen when there's obvious tissue damage, we think it can occur with repeated pain in the absence of "damage" - eg CAP. It may become "hard-wired" ie nerve cells and their connections undergo structural changes.

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# Chronic Abdominal Pain in children

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### **What is it?**

It has had many names in the past - you may have heard of "irritable bowel syndrome" or "abdominal migraine". Now, we call it chronic abdominal pain (CAP). I'd rather it had a better name!

### **How can I be sure my child has this? How do you diagnose it?**

This diagnosis has been made after listening carefully to the symptoms, doing a thorough examination and, if necessary, doing some tests.

*Tests can't diagnose the problem* - just as there is no test to diagnose migraine

### **How did my child get it?**

Sometimes an infection or an allergy (eg to food) can set it off. Mostly, we don't know. It seems that the nerves in the gut get "irritated" resulting in either a hypersensitivity to normal gut sensations OR abnormal gut function (through a "broken" gut pacemaker) OR both.

