Dr Warren Hyer
MB ChB MRCP FRCPCH
Consultant Paediatrician
Paediatric Gastroenterologist

www.dr-hyer.co.uk

@ St Johns and Elizabeth Hospital and @ Clementine Churchill Hospital

Patient information sheet for functional abdominal pain of childhood (FAP) (Abdominal pain related - DGBI – Disorder Gut- brain interaction)

Abdominal pain can be due to many causes ranging from gut problems, to bladder, kidney or even lung causes. Concentrating just on the gut, pain may be due to **damage** to the gut wall (usually inflammation or infection) or altered **function** of the gut. Functional (recurrent) abdominal pain of childhood (FAP) reflects a problem with the **function** of the gut in children aged 5 –16 years – not structure or damage.

Should my child have investigations?
Since FAP represents an issue of gut **function – movement of the gut sending messages to the brain**, scans and camera investigations e.g. endoscopy are likely to be normal. Scans and X rays /MRI look the gut wall – not **function** so cannot diagnose FAP. Blood tests are useful to exclude an inflammatory gut wall problems – stool and urine tests are usually unhelpful. Since FAP is not related to allergy, investigations for food allergy are unhelpful and often confuse. These group of conditions are currently classified as disorder of gut – brain interaction (DGBI).

So how is the diagnosis made?
FAP is a **real pain** – generated probably by the movement of the gut – similar to other **functional** causes of abdominal pain e.g. irritable bowel syndrome or dyspepsia / DGBI. After a careful history and examination, most paediatric gastroenterologists / paediatricians can diagnose FAP/ DGBI – confirming the diagnosis with probing questions and assessment of growth and basing the diagnosis on pattern recognition.

How can FAP/ abdominal pain relayed DGBI be treated?
Knowing that the pain is genuine and not dangerous is often helpful. Pain relief with pain killers is often unhelpful and should be avoided. It is very important that such children continue to go to school – just the distraction of school life can help the pain. FAP often occurs in clusters – therefore even with no action, one can expect the pain to settle. Speak with Dr Hyer about the role of dietary modification and complementary medicine.

What if matters do not get better or the pain changes?
FAP/ DGBI occurs in clusters – it should come and go. The diagnosis should be revisited by yourselves and Dr Hyer if:

- The pain persists or changes in its nature, timing or site
- Loss of appetite, loss of body weight or other symptoms such as sickness, mouth ulcers, diarrhoea, altered bowel habit, rectal bleeding, or fevers occur
- You are uncertain whether the diagnosis is still correct for your child.
- The pain is evolving and changing in its timing, including night time pain enough to awaken your child.

Since the diagnosis of FAP, best termed "abdominal pain related DGBI", is clinical and represents function/ gut movement / DGBI, and cannot reliably be diagnosed by tests, you must feel free to question the diagnosis and have this reassessed.