



Scotland PBSG Learning Programme

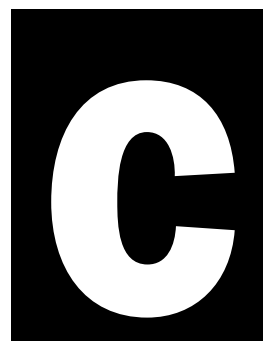


The Foundation for Medical Practice Education

Practice Based Small Group Learning (PBSG) International

McMaster University
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CHRONIC ABDOMINAL PAIN IN CHILDREN

Paediatric chronic abdominal pain is a common presentation in general practice. Fortunately, for the majority of children, no organic cause is found. However, a diagnosis of functional abdominal pain (FAP) may be difficult for many families to accept. In addition, effective treatment options are limited. A therapeutic alliance with parents and young patients combined with an evidence-based management plan can improve quality of life and may prevent associated morbidity in later years.

This module will enable GPs to:

- Understand the aetiologies of FAP, and differentiate between functional and organic causes of abdominal pain.
- Use an evidence-based approach to the treatment of FAP.
- Communicate a FAP diagnosis and management plan to young patients and their parents.

Note: This module does not address acute abdominal pain.

CASES

Case 1: Sam, male, age 8

Sam's mother brings him in today, concerned that he has been having abdominal pain on and off for the past several months. She would like "something done." The pain is mild-moderate in severity and is located in the epigastric region. He complains about the pain several times per week but it does not seem to be related to anything in particular, including meals. He does not wake in the night with the pain. There are no urinary symptoms, he moves his bowels every two days and his motions are easy to pass with no blood or melena. He has not experienced any fever or weight loss. There has been no nausea or vomiting. His appetite is "up and down." On examination, Sam appears well, his height is at the 50th centile and his weight is at the 25th centile for his age and sex. He is afebrile and there is no jaundice or conjunctival pallor. Abdominal examination is normal.