

Functional Abdominal Pain

What is functional abdominal pain, and why does it happen?

Most otherwise-healthy children who repeatedly complain of stomach aches for two months or more have functional abdominal pain. The term “functional” refers to the fact that there is no blockage, inflammation or infection causing the discomfort. Nevertheless, the pain is very real, and is due to extra sensitivity of the digestive organs, sometimes combined with changes in gastrointestinal movement patterns. The child’s intestine has a complicated system of nerves and muscles that helps move food forward and carry out digestion. In some children, the nerves become very sensitive, and pain is experienced even during normal intestinal functions.

The pain can cause the child to cry, make their face pale or red, and cause them to break into a sweat. This digestive tract sensitivity can be triggered by a variety of things, such as a viral or bacterial infection, stress, or an episode of constipation. Other family members may have a history of similar problems. Because of the pain, children often stop their usual school and play activities. Fortunately, despite the recurrent episodes of pain, normal growth and general good health continue.

How common is functional abdominal pain?

Functional pain is very common. About 10–15% of school aged children will report episodes of recurrent pain. Another 15% experience pain, but do not go to the doctor for it.

How is functional abdominal pain diagnosed?

A detailed history of how the pain started, how it progressed, its location, and other associated factors can often suggest a diagnosis of functional pain. In functional pain, growth is good and the physical exam is normal. Basic blood, urine and stool tests are often performed to screen for other conditions that can cause recurrent pain. X-rays, other imaging studies, extensive lab tests and endoscopy are only recommended for children whose history, exam or basic lab results do not fit with the diagnosis of functional pain. A doctor will also follow the child to see if any changes take place which would suggest a different problem.

How is functional abdominal pain treated?

Parents, the doctor and the child can partner to put the family, rather than the pain, back in charge of the child’s life. Identifying and managing the child’s pain triggers, such as constipation, stress or lactose intolerance often helps reduce the pain. Also, with help from caregivers, the child can learn to avoid focusing on the pain. There are a variety of specific actions for handling pain episodes, such as breathing techniques, which can be taught to the child.

A parent wanting to know if a child is having pain, a good approach is to observe the child’s behavior rather than asking if they are in pain. It is important to prevent the pain from becoming a reason for missing school, changing the child’s social activities or becoming the center of everyone’s attention at home. Even when the pain persists, it is reassuring to learn that this is a known condition, and that it is not dangerous.

Being positive about getting better will send the right signals to the child. Medications may be helpful for some children with functional abdominal pain. These and other specific approaches suitable for the child can be discussed with a physician.