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NHS
Sherwood Forest Hospitals
NHS Foundation Trust

INFORMATION FOR PARENTS

Functional abdominal pain

This leaflet explains some common reasons why children can have ongoing tummy pain. It also gives practical advice on how you can help your child manage the pain and know when to ask for more help.

How common is tummy pain in children?

Tummy pain is very common in children. More than a third of children have tummy pain that lasts longer than two weeks. About half of these children see a doctor about it. This means that, in a typical school class of 30 children, around 10 may have ongoing tummy pain at some point during their school years.

What causes tummy pain in children?

Only a small number of children with tummy pain have a medical condition such as coeliac disease or inflammatory bowel disease that needs long-term treatment. Much more commonly, tummy pain is due to constipation or functional abdominal pain. After reviewing your child, your doctor has diagnosed functional abdominal pain.

What is functional abdominal pain?

'Functional' means that the pain is not caused by a blockage, infection, inflammation or anything else that can be identified using a test. The pain is still very real. It happens because the nerves in the gut have become extra sensitive. This can be very upsetting for children and worrying for families.

My child has some other problems too, are these related?

Children with functional abdominal pain may also have headaches, poor sleep, tiredness, or other aches and pains. The pain can affect everyday life and may sometimes lead to time off school. Stress, worry and low mood can make tummy pain worse, but this does not mean the pain is "all in the mind". The pain is real, and children need reassurance and support.

What is the cause of functional abdominal pain?

We do not always know exactly why functional abdominal pain starts. We think it happens when the nerves in the gut become more sensitive than usual. This means that normal digestion, such as food moving through the bowel, can be felt as pain.

The gut and brain are closely connected. The gut sends messages to the brain to tell us when we are hungry, full or unwell. Feelings such as excitement, worry or stress can affect these messages. For example, many people get ‘butterflies’ in their tummy before an exam or need to use the toilet more often when they are nervous. These symptoms are real, even though they are not caused by a serious disease.

In functional abdominal pain, the gut-brain signals can become overactive. Your child may feel pain more easily, and the pain may feel worse when they are worried, tired or stressed. This can create a cycle where pain causes worry, and worry then makes the pain feel worse.

It can help to think about possible triggers. Some children may be more sensitive to fizzy drinks, caffeine or artificial sweeteners such as sorbitol. If you notice a clear link, it is reasonable to avoid that trigger. Medicines usually do not help much with functional abdominal pain. Simple comfort, distraction and normal activities often help more, such as going outside, having a bath, using a heat pack, reading, playing or doing something relaxing.

What tests should I expect the doctor to do?

Your doctor will ask questions about the tummy pain, your child’s diet, bowel habit, growth, family history and general health. They may examine your child and check their growth. Sometimes blood tests, a urine sample or a poo sample are arranged to look for less common causes. In many children, tests are not needed because the history and examination give enough reassurance.

How is functional abdominal pain treated?

The most important treatment is helping your child understand that their pain is real, but not dangerous. Try to give calm reassurance and help them carry on with normal routines as much as possible. Focusing too much on the pain can sometimes make it feel worse, but this does not mean ignoring your child. A helpful approach is to acknowledge the pain, offer comfort, and then gently encourage distraction and normal activity.

For a younger child, you might say: “Your tummy is extra sensitive, so it can hurt when food moves around, but it is not causing damage.” Older children may be able to understand the gut-brain explanation above. It is best to keep going with school, hobbies and social activities, even if some adjustments are needed at first.

Even if the pain continues for a while, it is reassuring to know that functional abdominal pain is common and is not dangerous. A calm, positive approach can help your child feel safer and more confident about getting back to normal activities.

What if things change over time?

Your doctor has made the diagnosis based on your child’s symptoms now. If things change, or you become worried, please speak to your GP or paediatrician again. Please ask for medical advice if your child develops any of the following:

- Repeated fevers.
- Losing weight without trying.

- Diarrhoea that does not settle.
- Vomiting that does not settle.
- Pain that regularly wakes your child from slee.p
- Blood in your child's poo.

Where can I get further advice?

If you are worried or need advice you can speak with:

- The consultant paediatrician looking after your child.
- Your GP.
- An out of hours GP.
- NHS 111.

Acknowledgements

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Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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