

## INFORMATION FOR PARENTS

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# Recurrent abdominal pain



This is a leaflet to explain some of the causes of abdominal (tummy or belly) pain in children. It also gives advice on how to manage your child's pain.

### How common is tummy pain in children?

More than a third of children develop tummy pain lasting longer than 2 weeks, with approximately half of these seeing a doctor because of the problem. This means around 10 children from a typical school class of 30 pupils will experience prolonged tummy pain at some point during their school years.

### What causes tummy pain in children?

Around 1 in 20 children with abdominal pain have a condition such as coeliac disease or inflammatory bowel disease which needs long term treatment. Much more common causes for tummy pain in children are constipation and functional abdominal pain. Your doctor has reviewed your child and diagnosed them with functional abdominal pain.

### What is functional abdominal pain?

The word "functional" means that there is no physical blockage, infection or inflammation causing the pain. Nevertheless, the pain is very real, and is due to extra sensitivity of the digestive organs. It can be extremely distressing for children and their families.

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

Functional abdominal pain is often associated with other symptoms, including headache, difficulty sleeping, aches and pains. As a result, it can have a major impact on your child's day and can become a common reason for missing school. Doctors believe it is made worse by stress, anxiety and depression.

### What is the cause of functional abdominal pain?

Although the condition has been extensively studied, we are still unsure of the exact cause. We think that the pain is due to overly sensitive nerves in the gut. In some children, the nerves become very sensitive, and pain is experienced even during normal intestinal function.

The gut has a huge network of nerves, which send signals to the brain to say we are hungry, full or ill. Sometimes these messages can be influenced by things outside the gut (such as our emotional state) and misinterpreted by our brain. For example, feeling excited or stressed due to an exam can cause a feeling of butterflies in the tummy and the need to visit the toilet more times than usual. These symptoms are real, but they are not caused by a physical disease.

In children with functional abdominal pain, the nerves linking the gut to the brain are overactive. Physical discomfort is felt more often, caused by milder things and is felt more acutely when the child is stressed. This can become a vicious circle as everyone becomes more anxious about the pain, which then makes the pain worse.

You may wish to think about possible triggers in your child's diet and to remove known irritants, such as the artificial sweetener sorbitol, fizzy drinks and caffeine. Studies have shown that medicines are not helpful in preventing or reducing functional abdominal pain and that distraction and other comforts are more useful, for example a trip to the park, having a bath or something else that your child finds fun or relaxing.

### **What tests should I expect the doctor to do?**

Your doctor will ask you lots of questions about the tummy pain and other questions about diet, bowel habit, family history and general health. They will also look at your child's growth. Depending on the answers to these questions your doctor may arrange for some blood tests to rule out serious, but much less common, conditions. They may also ask for a sample of urine or poo. Most of the time though, tests are not needed and your answers to the questions are more helpful.

### **How is functional abdominal pain treated?**

It is important that your child understands that there is no physical abnormality which is causing their pain. It is also important to not allow the pain to become central in their life. Anxiety about a possible underlying disease, or everyone focusing on the pain, will make it worse. This does not mean that you should ignore the condition. The pain is real, and it can be severe, but they need your help to reassure them and distract them from it, rather than to reinforce it.

For a younger child, it may be helpful to explain to them that their tummy is very sensitive and sometimes it hurts as the food goes round the bends. An older child may be able to understand the information and examples given above. It is important that you do not allow the condition to change your child's social activities or allow it to become a reason for missing school.

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 your child.

### **What if things change over time?**

Your doctor has made the diagnosis of functional abdominal pain based on your child's symptoms now but if you have new concerns in the future you should speak to your GP or paediatrician again. The sorts of symptoms to look for include:

- Recurrent fever
- Weight loss
- Persistent diarrhoea
- Persistent vomiting
- Pain that wakes them in the night
- Blood in their 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](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://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](mailto: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](mailto:sfh-tr.PET@nhs.net).

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

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