



Helping Children and Adolescents Cope with Abdominal Pain

838

From an IFFGD interview with Lynn Walker, Ph.D., Professor, Department of Pediatrics, School of Medicine, Vanderbilt University and Director, Division of Adolescent and Young Adult Health, Monroe Carrell Jr. Children's Hospital, Nashville, TN



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Health professionals use the term “cope” to describe how we respond to difficult or unwanted situations. Children or adolescents who have bowel disorders need help to cope effectively with symptoms of recurrent abdominal pain and unpredictable bowel symptoms as they go about their daily lives. A physician or therapist who is knowledgeable about functional GI disorders can help provide the family and the child with positive skills to help respond effectively.

At the 7th International Symposium on Functional GI Disorders held in April 2007 by IFFGD, we talked to Lynn Walker, Ph.D. about managing school related issues while living with recurrent abdominal pain. Here is a portion of Dr. Walker's comments talking about:

- Going to school
- Using the bathrooms
- Interacting with teachers and classmates

You may view a video of Dr. Walker talking about these issues on our web page at www.iffgd.org by clicking on the Library and going to the Video Corner link.

Who are your patients and how do you begin treatment?

My patients are primarily referred by pediatric gastroenterologists. They are children who have been seen by their primary care provider, often several times. Sometimes they have been to the emergency room because of abdominal pain. They go into our GI clinic and are evaluated for abdominal pain. Many of them have functional gastrointestinal disorders, like irritable bowel syndrome (IBS), or functional pain where a problem hasn't been found that can be treated medically with a pill or surgically, and they are referred to me for assistance. They are children who are having trouble coping with the pain or with going to school or with peers.

I always start with a parent and with the patient, and sometimes a sibling, whoever is there in the consultation

room, and I talk to the various family members about what they think is going on or what their concerns are. Then I have separate time with the child or adolescent and separate time with the parent. Based on the age of the child and what I find out is going on, my subsequent sessions might be exclusively with the family or exclusively with the child. Typically I'll bring the family in again at least briefly and at each session I'll have some contact.

What is the most significant change in treating recurrent abdominal pain you've seen in the past 5 years?

I think the thing that has been the biggest change is that we no longer think of the pain as “all in the head” or not “real.” There's much more recognition that the pain is real and it involves an interaction between emotions and visceral (gut) sensations. We can tell families a little bit more about how that happens, and that there is a biological basis; something is happening in the body that is creating this pain. It is associated with emotions and with stress and those are things we can do something about. Even if we don't have a magic bullet pill that they can take there are other things that they can do.

What are the things that help?

Parents can help their children cope by helping them learn to distract themselves and engage in activities even though they are not feeling comfortable. They can continue going to school, for example, even if they have some discomfort. Abdominal pain by itself isn't a reason to stay home. So, if a parent will help encourage a child be able to do that that, it's something that is helpful. We do relaxation training with the kids. We work on stress management.

One of the things that happens frequently in my practice is I see kids who have been out of school for quite a while because there has been concern about the symptom and a lot of medical tests; they may have had to go to the hospital and

miss school and they are way behind. So even though school may have not been stressful when this whole thing started it is now stressful because they've got this huge pileup of work to do. One of the things we do is work with them – and this involves negotiating with the school as well – on how can we break that down into little steps of things that they need to do so it won't be so overwhelming that they just can't imagine ever being able to deal with it.

Another issue in school is that kids are concerned that they may not have time to get to the bathroom with some of these conditions. In some schools there is very little time between classes so they can't have the time to do that without being late. We have to work with the schools on why it's okay for this child to be late. We have to also sometimes work out a system where the child can get up and go to the bathroom without asking and drawing attention to him or herself. It's embarrassing to raise your hand and announce what it is you have to do. There are concerns that kids have about the cleanliness and privacy in bathrooms. So we might, for example, work it out so that the child could use a bathroom at a time when other kids weren't as likely to be there.

There can also be more of a situation where the child is afraid to go to bathrooms outside of his own home. In that case we might have the child gradually, with the parent's help, begin to get comfortable using a bathroom at a friend's house or at the mall, for example, so that he gets desensitized to this fear of strange bathrooms.

I have a standard letter that I will write to the school saying that the child has a gastrointestinal disorder – I don't say what – but a gastrointestinal disorder that requires him or her to use the bathroom more frequently. I explain she may not have a lot of anticipation of when it's going to happen that she's going to need to use the bathroom. That note relieves the child so much, just knowing that she can use the bathroom when she needs to, that the need to use it decreases quite a bit. Anxiety influences our bowels and when we are anxious we need to go to the bathroom more so if we decrease the anxiety we can also decrease the need. That was not the reason that I started sending these letters, but that's a helpful side effect.

The kids who've missed school a lot have sometimes had the experience that people make comments like, "Oh you're just

trying to get out of school or faking it," that sort of thing. So another obstacle for the child to getting back into school is, what am I going to tell people, what if somebody asks me, "Why have you been out or what's wrong with you." They need to have rehearsed a response. They are afraid that they are going to have to say nothing is wrong and that's going to reinforce the notion that they were just faking it. So working on saying, "I had something wrong with my stomach and it's getting better but it still bothers me sometimes," and to cut it off at that and not feel they have to provide this long explanation of what's wrong helps. The other kids don't want to know all that much. They are curious and the child who has been out is feeling kind of vulnerable and defensive and like they owe an explanation. But they don't owe an explanation; something just to satisfy the other kids' curiosity is enough.

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