

"My tummy hurts... again"

Helping families decode abdominal pain and anxiety

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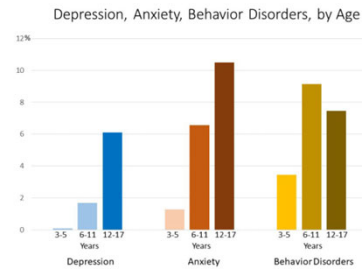
Intro

- Approximately 15% of school children experience abdominal pain resulting in absenteeism
- School avoidance presents a challenging situation for caregivers, pediatricians, educators, and children.
- Often school avoidance is caused by a combination of abdominal pain and/or anxiety that is difficult for the child to describe, at times creating tension between the parents and child, the parents and school, and the parents and pediatrician.
- Majority of children see pediatrician for physical symptoms long before they see mental health clinician for anxiety
- Those with recurrent abdominal pain tend to have higher levels of anxiety, as do their parents—unsure if abdominal issues create more anxiety or anxiety creates more abdominal issues
 - Co-occurrence rate ranges between 42-85%

Causes of abdominal pain

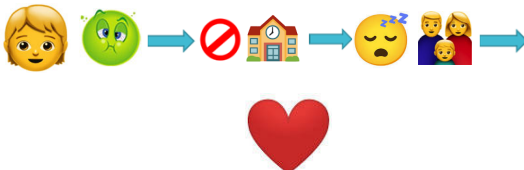
Pancreatitis
 Spinal tumor
 Hiatal hernia
 Celiac disease
 H pylori
 Lead poisoning
 Constipation
 Reflux
 Menstrual cramps
 Endometriosis
 Ulcer
 Anxiety
 IBS
 Sick cell
 Crohn's
 UTIs
 Gastritis
 EOE
 Ulcerative colitis
 Adrenal crisis
 Food allergy
 Gallbladder disease
 Lymphoma

Anxiety




- Include anxiety in your list of rule outs at the beginning of exploration (not at the end)
- Destigmatizes mental health and draws on the connection between the body and mind
- Describe how areas of the brain that manage fear and stress can also cause muscle tension, gastrointestinal complaints, hyperarousal or sleep disturbances
- Consider adding a screening for anxiety, like the SCARED (Screen for Child Anxiety Related Disorders) with your other screening tools or tests that may be conducted

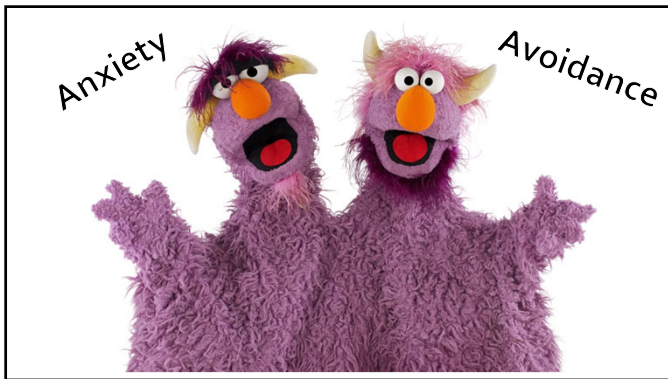
- Families who bring their child to pediatrician for stomach issues typically focus on physical symptoms and rarely recognize role anxiety may be playing
- Caregiver anxiety is related to both child anxiety and child somatization
- Focus is generally caring for sick child--



"my child is ill and I am caring for them and a good parent"



"if I send my ill child to school or make them sleep alone then I am a bad parent"



Separation anxiety disorder- example of anxiety/avoidance

- Developing inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least three of the following:
 - Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.
 - Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters or death.
 - Persistent and excessive worry about experiencing an untoward event (eg. Getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.
 - Persistent reluctance or refusal to go out, be away from home, go to school, go to work, or elsewhere because of fear of separation.
 - Persistent and excessive fear or reluctance about being alone or without major attachment figures at home or in other settings.
 - Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure.
 - Repeated nightmares involving the theme of separation.
 - Repeated complaints of physical symptoms (eg. headaches, stomach aches, nausea, vomiting) when separation from major attachment figures occurs or is anticipated.
- The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.
- The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.
- The disturbance is not better explained by another mental disorder, such as refusing to leave home because of excessive resistance to change in autism spectrum disorder, delusions or hallucinations concerning separation in psychotic disorders, refusal to go outside without a trusted companion in agoraphobia, worries about ill health or other harm befalling significant others in generalized anxiety disorder, or concerns about having an illness in illness anxiety disorder.

- If organic causes for abdominal issues have been ruled out OR if the anxiety screening comes back positive, begin talking with family about managing absenteeism/school refusal

Rehabilitation approach for FAP

- Acknowledges that cure for functional abdominal pain (or other GI conditions) may not be possible, quality of life can be improved
- Shift parents' focus to "coach" to help child return to normal activities—warm and supportive, encouraging, believing in the child
- Plan ahead for pain episodes at school (child goes to the nurses office to rest until pain subsides or for a set period of time)
 - Avoid calling parents or going home unless acute illness presents
 - Reinforces idea that child can learn to cope with pain with support

Rehabilitation approach for FAP

- Write note to school allowing child to use bathroom whenever needed
- Provide specific guidelines to parents as to when child is too sick to go to school (fever, vomiting with other symptoms, etc.)
- Reduce attention to symptoms-
 - Distraction
 - 5 minute symptom report
 - Encourage parents not to ask

Anxiety-driven school avoidance

- Return to school immediately following acute episodes or medical evaluation that ruled out organic causes
 - May do shortened days (1/2 or 2 hours)
 - Better to plan for shorter day than have them call to go home
 - Set reasonable/attainable goals
- Consider alternate drop off person if SAD is the issue
 - If not, have consistent drop off routine with shortened goodbye
 - Consider transitional object (stuffed animal, lotion, picture)
- Encourage parents to help children label bodily experiences (fluttery tummy) as "worry"

Anxiety-driven school avoidance

- Explore perceived threats or worries at school (bullying, social isolation, uncomfortable situations)
- Incentivize consistent attendance at school through reward system
- If a child stays home, decrease the "fun factor" by limiting all screen time

Coping skills

- Diaphragmatic breathing
<https://www.youtube.com/watch?v=RiMb2Bw4Ae8>
- Grounding/mindfulness
<https://childmind.org/healthyminds/mindfulness-parents-elementary/>
- Bubble breathing
<https://www.youtube.com/watch?v=N3AISJxfZDM>
- Talk back to worries (worry bullies)
- Cope ahead (how will you handle it when you start to feel anxious)
- Identify support people at school

Resources

- <https://www.ohsu.edu/sites/default/files/2019-06/SCARED-form-Parent-and-Child-version.pdf>
- *Be the Boss of your Pain: Self-care for Kids.* Culbert, T., Kajander, R. (2007)
- *What to do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety.* Huebner, D. (2006)
- *Relieve your Child's Chronic Pain: A Doctor's Program for Easing Headaches, Abdominal Pain, Fibromyalgia, Juvenile Rheumatoid Arthritis, and more.* Krane, E.J. (2005).
- *Imagine a Rainbow: A Child's Guide for Soothing Pain.* Miles, BS. (2006).
- *Helping your Anxious Child: A Step-by-Step Guide for Parents.* Rapee, RM., Spence, SH., Cobham, V., Wignall, A. (2000)

References

- Cunningham, Natoshia R.*; Lynch-Jordan, Anne*; Mezzoff, Adam G.†; Farrell, Michael K.†; Cohen, Mitchell B.†; Kashikar-Zuck, Susmita*. Importance of Addressing Anxiety in Youth With Functional Abdominal Pain: Suggested Guidelines for Physicians. *Journal of Pediatric Gastroenterology and Nutrition*: May 2013 - Volume 56 - Issue 5 - p 469-474
- Love SC, Mara CA, Kalomiris AE, Cunningham NR. The Influence of Caregiver Distress and Child Anxiety in Predicting Child Somatization in Youth with Functional Abdominal Pain Disorders. *Children*. 2019; 6(12):134.
- Reust CE, Williams A. Recurrent Abdominal Pain in Children. *Am Fam Physician*. 201
- Walker LS, Beck J, Anderson J. Functional abdominal separation anxiety: helping the child return to school. *Pediatr Ann*. 2009 May;38(5):267-71. PMID: 19476299; PMCID: PMC3205969.
