

Functional Abdominal Pain and Anxiety

Ashley M Kroon Van Diest, PhD



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Objectives

- Review the relationship between Functional Abdominal Pain (FAP) and Anxiety
- Learn how to discuss FAP and anxiety with patients and families
- Understand treatment of comorbid FAP and Anxiety



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Functional Abdominal Pain (FAP)

- Functional GI Disorder/Disorder of Gut-Brain Interaction
 - Disorder of the nerves in the GI tract
- Often triggered by an illness or anxiety/major stressor
- One of several pain-predominant DGBIs



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FAP Characteristics

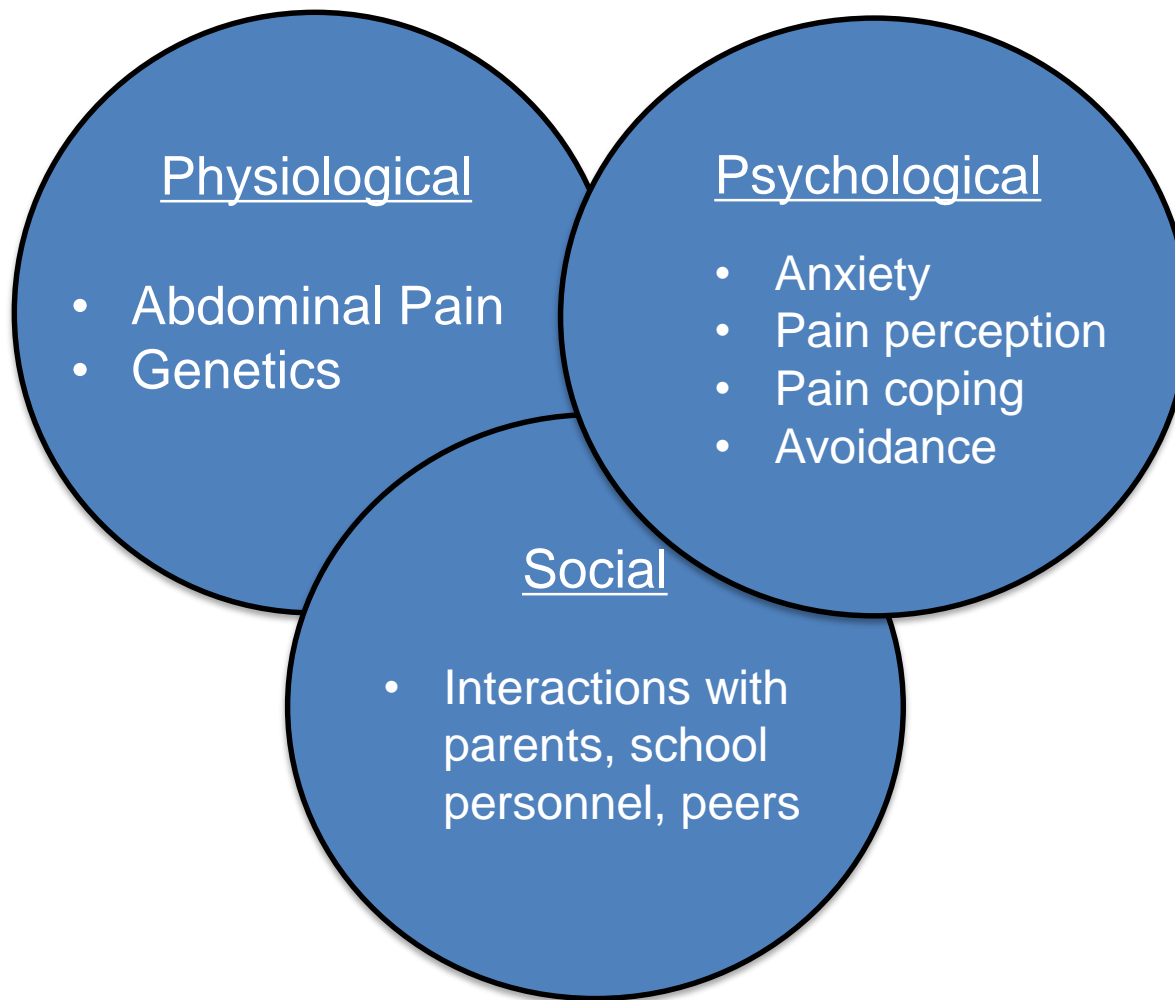
- More likely to be chronic
 - Can have acute episodes
- Often related to anxiety or stress
- Associated with “Type A” personalities
- Diagnosis is largely based on review of symptoms and clinical history



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Biopsychosocial Conceptualization



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Psychosocial Consequences of FAP

- Decreased quality of life
- Missing or dropping out of school and other activities
- Increased anxiety and depression
- Social withdrawal and isolation



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Worrying
about...

Pain

School

Friends

What's wrong
with me?

Anxiety



Pain

Worsens pain

Increases pain
avoidance
behaviors

Pain related
disability



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FAP Evaluation

Ask about:

- Pain location, duration, quality
- Triggers for pain
- Impact on daily functioning
- Anxiety, depression
- Any red flag symptoms?
 - (weight loss, blood in stools, nocturnal stools)



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Treatment Starts with Discussion

Educate

- Discuss physiological mechanisms of pain
 - Emphasize the pain is real
- “Normal” testing doesn’t mean there isn’t a problem
- Avoid “it’s all in your head” discussions
 - Explore physiological stress response
- Discuss necessity of multidisciplinary treatment

Empathize!

- DGBIs are often frustrating for patients and families



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Treatment of FAP

Multidisciplinary treatment is often the best approach

- Medications:

- GI physicians often use antispasmodics for pain
- SSRIs can be useful to help with pain + anxiety

- Cognitive Behavioral Treatment

- Focus on return to/maintaining functioning
- Identify and address anxiety-pain cycles



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Treatment of FAP: CBT

Initial CBT steps:

- Discuss return to school, social events
- Regular eating, sleeping, physical activity
- Encourage activity or distraction from pain
- Parents to eliminate pain status checks



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Treatment of FAP: CBT

Behavioral skills to combat physiological pain and anxiety

- diaphragmatic breathing, guided imagery, progressive muscle relaxation

Cognitive strategies to address worries that trigger anxiety and pain cycles

- Identify anxiety triggers
- Learn to challenge maladaptive patterns of thinking



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DGBI Treatment Considerations

Patient/family must believe and understand FAP diagnosis

- Families questioning diagnosis inadvertently sabotage treatment efforts

They must also understand treatment takes time and effort

- There is no “quick fix”

DGBI Treatment Outcomes

Patients who participate in multidisciplinary treatment have the best outcomes

- Decreased disability related to GI symptoms
- Return to school and daily activities
- Increased QoL



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Where to Refer at NCH?

- GI clinic
 - Starts with general GI visit
 - May be referred to DGBI clinic
- Pediatric Psychology
- Pain Clinic



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Questions?



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