

## FUNCTIONAL GASTROINTESTINAL DISORDERS

### DEFINITION (Gastroenterology 2006)

#### a. Diagnostic Criteria\* for **Functional Dyspepsia**

Must include *all* of the following:

- 1.1. Persistent or recurrent pain or discomfort centered in the upper abdomen (above the umbilicus)
- 1.2. Not relieved by defecation or associated with the onset of a change in stool frequency or stool form (i.e. not IBS)
- 1.3. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms

*\*Criteria fulfilled at least once per week for at least 2 months before diagnosis*

#### b. Diagnostic Criteria\* for **Irritable Bowel Syndrome**

Must include *all* of the following:

- 1.1. Abdominal discomfort (an uncomfortable sensation not described as pain) or pain associated with 2 or more of the following at least 25% of the time:
  - 1.1.1. Improved with defecation
  - 1.1.2. Onset associated with a change in frequency of stool
  - 1.1.3. Onset associated with a change in form (appearance) of stool
- 1.2. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms

*\*Criteria fulfilled at least once per week for at least 2 months before diagnosis*

#### c. Diagnostic Criteria\* for **Abdominal Migraine**

Must include *all* of the following:

- 1.1. Paroxysmal episodes of intense, acute periumbilical pain that lasts for 1 hour or more
- 1.2. Intervening periods of usual health lasting weeks to months
- 1.3. The pain interferes with normal activities
- 1.4. The pain is associated with 2 or more of the following:
  - 1.4.1. Anorexia
  - 1.4.2. Nausea
  - 1.4.3. Vomiting
  - 1.4.4. Headache
  - 1.4.5. Photophobia
  - 1.4.6. Pallor
- 1.5. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process considered that explains the subject's symptoms

*\*Criteria fulfilled 2 or more times in the preceding 12 months*

#### d. Diagnostic Criteria\* for **Childhood Functional Abdominal Pain**

Must include *all* of the following:

- 1.1. Episodic or continuous abdominal pain
- 1.2. Insufficient criteria for other FGIDs
- 1.3. No evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject's symptoms

*\*Criteria fulfilled at least once per week for at least 2 months before diagnosis*

e. Diagnostic Criteria\* for **Childhood Functional Abdominal Pain Syndrome**

Must include childhood functional abdominal pain at least 25% of the time and 1 or more of the following:

- 1.1. Some loss of daily functioning
- 1.2. Additional somatic symptoms such as headache, limb pain, or difficulty sleeping

*\*Criteria fulfilled at least once per week for at least 2 months before diagnosis*

**ALARM SYMPTOMS OR SIGNS OF ORGANIC DISEASE**

- involuntary weight loss
- deceleration of linear growth
- gastrointestinal blood loss
- significant vomiting
- chronic severe diarrhoea
- persistent right upper or right lower quadrant pain, unexplained fever
- family history of inflammatory bowel disease

**CHARACTERISTICS SUGGESTING FUNCTIONAL DISORDERS**

- Presence of other functional disorders, such as anorexia, nausea, episodic vomiting, constipation, diarrhoea, headache, arthralgia, or eye problems
- Absence of nocturnal pain
- High level of symptoms of anxiety, depression, and somatisation in parents of patients
- Parents with anger and hostility towards medical profession
- Parents reluctant to accept medical reassurance
- Parents requesting multiple referral
- Multiple consultants seen
- Already seen by Paediatric Gastroenterologist
- Repeated use of PALS (Patient Advocate Liaison Service)

**ACCEPTANCE CRITERIA FOR REFERRAL**

A referral can be accepted if the patient had already

- Biohumoral assessment, including FBC, inflammatory marker, nutritional marker (albumin), liver and pancreatic function tests, celiac screening, urine analysis and urine culture
- Abdominal ultrasound
- Already with a referral to local CAHMS

**MANAGEMENT AT GOSH**

- Before the admission an explanation letter describing the management at GOSH and the following steps (discharge and treatment locally)
- Upper and lower endoscopy
- Functional studies based on symptoms
- pH-impedance in patients with foregut symptoms, such as regurgitation, heartburn
- EGG and Gastric emptying study in patients with dyspeptic symptoms (early satiety, vomiting, nausea, feeling of fullness)
- Pellets study in patients with abnormal bowel habit.
  - Letter explaining the functional nature of the symptom, and suggesting the

available treatments (medical and psychological therapies), which have to be performed locally

**OUTCOME MEASURES**

- School Attendance