Functional Gastrointestinal Disorders (FGID)

Pathophys	• Hypersensitivity (visceral nervous system, CNS), motility disturbance, microbiome disturbance, psychological factors including caregiver stress, and abnormal responses to both normal and abnormal physiologic stimuli • **Alarm Sx** (CANNOT be FGID): **blood in stool**, multiple episodes of diarrhea > daily, persistent fevers, **weight loss**, nighttime awakenings for pain or to have BM	
General Treatment	1. Pt/family **education about FGIDs** (explain the positive aspects of FGID diagnosis vs. something more concerning. The word "functional" may be offputting, so try sensitive stomach or irritable bowel if family seems upset by term.) **Reassurance** = most important. **Juicious ordering of labs/imaging only with alarm symptoms** and after discussing possibility of FGID. 2. **CBT**: Relaxation training, cognitive restructuring, **modifying family response** 3. **Antispasmodics** (hyocyamine, dicyclomine; TCAs or SSRIs if comorbid anxiety/depression) 4. **Identify and avoid food triggers** (e.g., avoid tomatoes/citrus, caffeine, carbonation, greasy, spicy foods) **In hospital, consider "Magic Mouthwash"** if "something" necessary, e.g. over a weekend (AlOH/ diphenhydramine/lidocaine/MgOH/simethicone/hyoscyamine) for abdominal pain	
Disorder	**Symptoms (Rome IV Criteria)**	**Specific Treatment**
IBS	• Recurrent **abd pain**, at least 1d/week x3 months, a/w: **Defecation, change in frequency/form of stool** • May be Diarrhea-/Constipation-Dominant/ Mixed • (look for association with excitement or stress)	• **Probiotics** (lactobacillus or bifidobacteria) • Bio-psycho-social approach • Medications target symptoms, but educate that **goal is to improve rather than cure**
Functional Dyspepsia	>1x/week of: Bothersome **postprandial fullness** (uncomfortably full after regular-sized meal) w/early satiation, **epigastric pain/burning**	• Small, frequent meals • Time limited empiric trials of **acid suppression** or **prokinetics** • **Peppermint oil (IBguard)** • Limit fructose, sorbitol • Consider **cyproheptadine if weight loss** • **Sulcralfate helpful for burning**, best to use single dose at night
Abdominal Migraine	• Paradoxical **episodes of acute periumbilical abd pain lasting 1h+**, often i/s/lo family hx of migraine • Must be **completely asymptomatic between attacks** • Note: is a controversial diagnosis	• **Avoid caffeine** • Ppx: cyprohepatdine, propranolol • Abortive trx: **triptan (IV, intranasal), dark/ quiet room**
Functional Abdominal Pain	• Functional abdominal pain with no alarm signs (10-15% of school-age children. Often **vague, diffuse pain**, occurs often at times of separation (bedtime) or school. Better over summer, weekends or vacation. • **Almost never focal**	• See general trx • Consider referral to **Functional Abd Pain Clinic if severe**
Cyclic Vomiting Syndrome	• Stereotypical **episodes of intense vomiting** separated by weeks to months (usually presents in 3 - 7 y/o - uncommon onset after puberty), completely fine between attacks, often i/s/o maternal hx of migraine • Often, parents can tell it is coming (e.g. child is pale) before bed. Typically happens at night. • (r/o malrotation, inborn error of metabolism, increased intracranial pressure, UPJ obstruction, pancreatitis, and **cannabanoid hyperemesis syndrome** - responsive to hot showers, capsaicin cream)	See abdominal migraine trx above + IV hydration + ondansetron