

Cognitive behavioural therapy a possible treatment option for some children with recurrent abdominal pain

Clinical question	How effective are psychosocial interventions for recurrent abdominal pain (RAP) in school-age children?
Bottom line	The natural history of RAP is such that most children, particularly in primary care, will improve with reassurance and time. For children with more severe or continuing problems, or who do not respond to other forms of treatment, it may be appropriate to consider cognitive behavioural therapy (CBT) based interventions. However, the evidence of effectiveness is weak. In one study, 6/8 children treated with CBT were pain-free post treatment (compared to 2/8 on a waiting list), and 7/8 were pain-free at three months (compared to 3/8 on the waiting list).
Caveat	The included trials were small, with methodological weaknesses, and a number failed to give appropriate detail regarding numbers of children assessed. Lack of important data and/or clinical differences in either intervention or control groups prevented combining the studies statistically. There were no trials of other psychosocial interventions.
Context	Between 4% and 25% of school-age children complain of RAP of sufficient severity to interfere with daily activities. For the majority of such children, no organic cause for their pain can be found on physical examination or investigation.
Cochrane Systematic Review	Huertas-Ceballos et al. Psychosocial interventions for recurrent abdominal pain (RAP) and irritable bowel syndrome (IBS) in childhood. Cochrane Reviews 2008, Issue 1. Art. No.: CD003014. DOI:10.1002/14651858.CD003014.pub2. This review contains six trials involving 167 participants.
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