gutflix
GI learning, personalised

Summary

Functional abdominal pain: Paediatric and adult gastroenterologist

Jernej Dolinsek

UEG Week Berlin 2025 | Presentation

October 6, 2025

This educational presentation contrasts the approach to functional abdominal pain and IBS-related pain in pediatric versus adult gastroenterology, emphasizing positive diagnosis through limited testing and reviewing available pharmacological therapies.

KEY POINTS

- In pediatric patients, functional abdominal pain diagnosis requires thorough history and physical examination to identify red flags, with limited testing recommended (coeliac disease panel and fecal calprotectin); the speaker stated prevalence is one-quarter to one-third of children, more common in girls, and prognosis shows many improve though some continue into adulthood.
- The speaker recommended making a positive diagnosis and explaining gut-brain interaction, prevalence, benign course, triggers, and realistic outcomes to families, while avoiding excessive testing that can raise anxiety.
- In adult IBS, the speaker stated three conditions warrant exclusion: IBD (using fecal calprotectin >250 mcg/g as colonoscopy threshold), coeliac disease (6% prevalence in a meta-analysis of over 7000 IBS patients, 2% with duodenal biopsy), and microscopic colitis (approximately 7% prevalence in over 1700 IBS patients studied).
- For IBS-related abdominal pain treatment, the speaker reported tricyclic antidepressants have the strongest neuromodulator evidence, while antispasmodics showed number needed to treat around 5 and peppermint oil around 7, though most antispasmodic studies used suboptimal methodology and did not meet current regulatory endpoints.
- The speaker stated linaclotide showed 13-15% efficacy on abdominal pain in two pivotal trials, low FODMAP diet ranked first for pain but was not superior to habitual diet, and mesalazine and ebastine showed no effect on abdominal pain despite benefits for global IBS symptoms.

– Rome V criteria will be released with changes to bowel disorder classification, and centrally mediated abdominal pain syndrome now has negligible prevalence in adults (below 0.02%) compared to 2% when previously called functional abdominal pain.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/05353e36-a82f-11f0-9fad-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.