



Treatment of Functional Gastrointestinal Disorders in Children and Future Challenges

*Eftekhari K¹

¹Assistant professor of pediatric Gastroenterology, Zanjan University of Medical Science, Zanjan, Iran.

Abstract:

Functional gastrointestinal disorders (FGIDs) are a common problem in children. These disorders in children are classified into the following categories according to the ROME III classification: Functional Dyspepsia, Irritable bowel syndrome (IBS), Abdominal Migraines, Childhood Functional abdominal pain (FAP), Childhood functional abdominal pain syndrome and functional constipation. FGIDs are diagnosed based on history and normal physical examination provided that there is no evidence of underlying disease such as anatomical abnormalities, infectious, inflammatory and malignancies. This group of poorly defined diseases represent a huge treatment challenge to the specialist, because, until now there is no therapy that has been effective in improving the symptoms. FGIDs also cause deep family problems as the disease interrupts their routine and positive response to treatment is rarely seen. On the other hand there is no objective document of the disease neither endoscopic, radiologic nor pathologic.

Therapeutic strategies of FGIDs are: education and parent's assurance, detection and modifying physical and psychological stress, dietary intervention, pharmacological treatment, psychotherapy and other complementary medical treatments. Some foods may trigger the illness such as coffee, fatty foods and spicy foods, therefore they should be avoided. Lactose-free diet cannot improve symptoms of FGIDs, except in children with lactose intolerance. The beneficial effect of fiber supplement in children with FGIDs remains unknown but it has been useful in adults with IBS. Probiotics have potential efficacy in treating IBS but the efficacy in children with FGIDs remains uncertain and needs to be further studied. In patients with severe symptoms, pharmacological agents can be effective. These drugs include Antacids, Prokinetics, Anticholinergic, Tricyclic antidepressants (TCAS) and Serotonergic agents (Agonists and anti agonists). Psychotherapy in FAP and IBS is preferred rather than standard drug treatments. Cognitive Behavioral treatment is useful in children with RAP and hypnotherapy in adults with IBS. Complementary and alternative therapies include massage therapy, acupuncture and traditional medicine such as Peppermint oil, Fumitory, Ginger and Zingier could have a role in treatment of FGIDs.

Keywords: Functional Gastrointestinal Disorders (FGIDs), Irritable Bowel Syndrome (IBS), ROME III, Functional Abdominal Pain (FAP), Psychotherapy.

Poster Presentation, N 24

*Corresponding Author:

Eftekhari K, Pediatrics Department, Ayat Allah Mousavi Hospital, Zanjan, Iran.
Email: dr_k_eftekhary@yahoo.comTel:+9824141310001