CASE HISTORY

Sarah is a 12-year-old girl who comes to the pediatrician with her mother, who reports that Sarah has been missing school because of abdominal pain. The pain is located in the center of her abdomen around the belly button. She has had no change in weight or bowel habits, and eating does not affect her pain. The abdominal pain began approximately 2 weeks after Sarah started seventh grade. Sarah’s mother is particularly concerned about school absences because Sarah is now attending junior high school, where the curriculum is more demanding than in elementary school. Sarah is a quiet girl who has always performed well academically, but does not participate in extracurricular activities and tends to have only one or two close friends. Significant stressors for Sarah are parental conflicts over an impending custody hearing and the recent loss of her best friend, whose family relocated to another state. Sarah’s examination is unremarkable. She describes diffuse, periumbilical tenderness. There is no organomegaly. The remainder of her physical examination is normal. Sarah is questioned about sexual activity or abuse, both of which she denies. Sarah’s doctor reassures her mother that she’s probably just having “growing pains,” which will resolve on their own.

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Children, like adults, may also suffer from chronic pain syndromes, especially musculoskeletal pain, headaches, and, as in Sarah’s case, abdominal pain. When these pain complaints occur in children with no identifiable pathology, they may be termed “growing pains,” and expected to resolve spontaneously if disregarded. Treating pediatric pain complaints like a bad behavior that can be extinguished by ignoring it can result in persistent discomfort and school disability. In addition, psychosocial stressors are frequently associated with pediatric pain. Identification and management of those stressors can reduce the expression of stress as somatic symptoms in childhood and, hopefully, provide useful skills for managing stresses in later life.
KEY CHAPTER POINTS

- Most chronic pain syndromes in children are not associated with significant, identifiable pathology or serious illness.
- Common pain syndromes in children and adolescents include musculoskeletal pain, headache, stomach ache, and chest pain.
- Chronic pain complaints in childhood tend to persist for at least 1 year and, therefore, require treatment.
- Pain in children and adolescents results in significant disability, including school absence.
- Psychosocial factors, including changes in family and school stress, are significant aggravating factors for pediatric pain.

Sarah’s complaints of troublesome, chronic pain are not unusual for adolescents, who often have associated with school disability. In a community survey, the majority of students in grades 4, 7, and 9 reported usually experiencing pain somewhere in the body, although more girls responded positively than boys (82 vs 64%; \( p < 0.001 \)) (1). A survey of more than 21,000 pediatric patients from 200 outpatient practices in the United States, Puerto Rico, and Canada identified “frequent aches and pain” in 5% of children, with girls affected more often than boys (Fig. 1) (2). Frequent aches and pain were associated with frequent school absences and academic difficulty (\( p < 0.0001 \)). Pain in childhood is also associated with emotional distress and sleep disturbance (1).

Although there may be a tendency to expect children to “outgrow” their pain complaints, a survey of 1756 third and fifth grade students evaluated at study initiation and again 1 year later showed persistence of pain complaints (Fig. 2) (3). After 1 year, nonspecific musculoskeletal pain was still reported occurring either weekly or monthly in 82% who had reported weekly pain at their initial assessment and 73% who had initially reported monthly pain. These data suggest...