Children's Hospital of Philadelphia PolicyLab

Nonspecific Abdominal Pain in Pediatric Primary Care: Evaluation and Outcomes

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OBJECTIVE: To describe the characteristics of children with nonspecific abdominal pain (AP) in primary care, their evaluation, and their outcomes.

METHODS: Between 2007 and 2009, a retrospective cohort of children from 5 primary care practices was followed from an index visit with AP until a well-child visit 6 to 24 months later (outcome visit). Using International Classification of Disease, 9th Revision (ICD-9), codes and chart review, we identified afebrile children between 4 and 12 years old with AP. Use of diagnostic testing was assessed. Multivariable logistic regression was used to model the association of index visit clinical and demographic variables with persistent pain at the outcome visit, and receipt of a specific diagnosis.

RESULTS: Three hundred seventy-five children presented with AP, representing 1% of the total population of 4- to 12-year-olds during the study period. Eighteen percent of children had persistent pain, and 70% of the study cohort never received a specific diagnosis for their pain. Seventeen percent and 14% of children had laboratory and radiology testing at the index visit, respectively. Only 3% of laboratory evaluations helped to yield a diagnosis. Among variables considered, only preceding pain of more than 7 days at the index visit was associated with persistent pain (odds ratio 2.15, 95% confidence interval 1.19–3.89). None of the variables considered was associated with receiving a specific diagnosis.

CONCLUSIONS: Most children with AP do not receive a diagnosis, many have persistent pain, and very few receive a functional AP diagnosis. Results support limited use of diagnostic testing and conservative management consistent with national policy statements.

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