Commentary: Empirical Foundations for the Development of Behavioral Interventions for Recurrent Abdominal Pain

Lynn S. Walker, PhD
Vanderbilt University School of Medicine

The review by Janicke and Finney makes it clear that, although some approaches hold promise, we do not yet have sufficient empirical evidence to recommend particular types of treatment interventions for recurrent abdominal pain (RAP). Research in several areas is needed to provide a sound foundation for the design and evaluation of interventions for RAP.

First, it is critical that we develop methods to reliably identify subgroups of children with RAP whose symptoms may reflect different underlying biological mechanisms. Within the broad category of RAP as defined by Apley, the pediatric literature recognizes distinct subgroups of patients including those whose symptoms are consistent with functional constipation, nonulcer dyspepsia, and irritable bowel syndrome (e.g., Boyle, 1991, 1997). The etiology, course, and treatment needs of these patients may vary considerably (cf. Walker, in press b). Symptom-based diagnostic criteria already have been developed for functional gastrointestinal disorders in adults (Drossman, 1994) and are in the process of development for children (Hyman et al., in press). Once these criteria have been validated, it will be possible to identify subgroups of children with RAP who may require different types of treatment.

In addition to the identification of subtypes of RAP based on physical signs and symptoms, it may be useful to investigate the possibility of different psychosocial subtypes of RAP. Turk and Rudy have identified three distinct psychosocial profiles that classify adult chronic pain patients and predict treatment needs and outcomes (Turk & Rudy, 1988, 1990). If distinct psychosocial profiles are found to differentiate groups of children with RAP, this information might be used to identify those children who are coping well and need no further intervention than education and reassurance provided by their pediatricians and to match children with various maladaptive responses to abdominal pain with the most appropriate behavioral interventions. Identification of psychosocial profiles of children most likely to benefit from treatment also would help us to educate physicians about which children to refer for behavioral management.

Research that examines RAP within a situated context may be helpful in identifying specific targets for behavioral intervention. Most of the research on RAP has focused on child traits (e.g., anxiety, social competence), general measures of family functioning (e.g., cohesion), and stressful life events occurring over a period of a year. A situated approach that focuses on individual episodes of abdominal pain would help to identify the relation of pain episodes to specific stressors, patterns of interpersonal interactions, and child appraisal and coping responses. Observational studies have been useful in identifying these variables in acute pain associated with medical procedures (e.g., Blount, Sturges, & Powers, 1990) but are less practical with conditions such as RAP that involve episodic and unpredictable pain. However, laboratory analogue
and diary recording methodologies have provided important information about adaptation to various types of chronic or recurrent pain (e.g., Afleck, Tennen, Urrows, & Higgins, 1992; Dunn-Geier, McGrath, Rourke, Latter, & D’Astous, 1986; Suls & Martin, 1993) and might be applied in the study of RAP. The resulting information could be helpful in identifying specific behavioral and environmental targets for intervention.

As the review by Janicke and Finney demonstrates, treatment interventions for RAP have focused on the child and family. This focus reflects a tendency in the literature to view RAP within the framework of a medical model, that is, as similar to a disease entity residing within the child (Walker, in press a). Research should also consider community factors that may play a role in the etiology and course of RAP. For example, lack of privacy in public school restrooms that do not have doors on the toilet stalls is a factor that affects RAP associated with constipation; this problem would be better addressed at a community level than on an individual basis (Walker, in press a). Similarly, it is likely that the nature of the medical evaluation and the way in which the results are presented to the child and family play a role in the course of RAP. Research on the relation of health care provider behavior to patient outcome might help us to design educational programs for providers that contain explicit information on how best to explain functional gastrointestinal disorders and make treatment recommendations to parents and children (e.g., Zeltzer, 1995).

Finally, it is possible that similar psychosocial factors affect the course of pain not only in various subtypes of RAP but also in other pediatric pain conditions. Research that compares the role of psychosocial factors in the course of RAP to that in other recurrent or chronic pediatric pain problems may identify mechanisms common across conditions. If so, it may be possible to design some treatment components for pediatric pain that are noncategorical, and others that are condition-specific.

There is no doubt that pediatric psychologists have been successfully treating individual children with RAP for some time. The challenge now is to systematize these treatments, apply them to larger groups of children, and evaluate their effectiveness.

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References


