

Probiotics beneficial for recurrent abdominal pain in childhood

Clinical Question

How effective are dietary interventions in improving pain in school-age children with recurrent abdominal pain (RAP)?

Bottom Line

Overall, there was moderate to low-quality evidence that probiotics might be effective in the treatment of RAP (NNTB=8), in terms of improving pain in the shorter term (<12 weeks). However, it was not possible to recommend the optimum strain and dosage of probiotic. No harmful effects were reported, other than dry mouth in one study. There was no convincing evidence that fibre interventions were effective in improving pain. The evidence for other dietary interventions (e.g. low fermentable oligosaccharides, disaccharides, monosaccharides and polyols or lactose- or fructose-free diets) was also lacking.

Caveat

The average duration of therapy was six weeks, and only two studies measured outcomes at 12 weeks or more. Many studies did not collect data on the prespecified secondary outcomes of interest, such as school performance, social or psychological functioning or quality of daily life.

Context

RAP, including children with irritable bowel syndrome, is a common problem affecting between four per cent and 25% of school-aged children. For the majority of such children, no organic cause for their pain can be found on physical examination or investigation. Many dietary interventions have been suggested to improve the symptoms of RAP, involving either excluding ingredients from the diet or adding supplements such as fibre or probiotics.

Cochrane Systematic Review

[Newlove-Delgado TV et al. Dietary interventions for recurrent abdominal pain in childhood. Cochrane Reviews, 2017, Issue 3. Art. No.: CD010972.DOI:](#)

[10.1002/14651858.CD010972.pub2](https://doi.org/10.1002/14651858.CD010972.pub2). This review contains 19 studies involving 1,453 participants.

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Developmental, psychosocial and learning problems
Dietary interventions, recurrent abdominal pain, childhood
1y, 2y, 3y, community

Update of a Cochrane Review published in January 2009, including 15 new studies and 1,112 additional participants.

PEARLS summarise Cochrane reviews that are relevant to primary care. They contain the minimal information required for a clinician to either use an effective treatment or stop using an ineffective treatment. Where available they will contain numbers needed to treat and to harm.

PEARLS are created to assist with the dissemination of Cochrane reviews.

PEARLS are developed for trained health professionals in primary care. They are educational only and not meant to advise on specific clinical treatment.

We have started with the new reviews and will work our way back through the library.

PEARLS are developed by the Department of General Practice, University of Auckland, the Co-convenors of the Cochrane Primary Care Field New Zealand Branch of the Australasian Cochrane Centre and funded by the New Zealand Ministry of Health. **Brian McAvoy is an Honorary/Adjunct Professor of General Practice at the Universities of Auckland, Melbourne, Monash and Queensland.**