

No evidence for drug treatments for recurrent abdominal pain in children**Clinical Question**

How effective are pharmacological interventions for recurrent abdominal pain in children of school age?

Bottom Line

There was no evidence for the use of medications to improve symptoms or the child's quality of life. Studies were conducted in seven countries, and follow-up ranged from two weeks to four months. Medications included tricyclic antidepressants, antibiotics, 5-HT₄ receptor agonists, antispasmodics, antihistamines, H₂ receptor antagonists, serotonin antagonists, selective serotonin re-uptake inhibitors, a dopamine receptor antagonist, and melatonin.

Caveat

Although some single studies reported that treatments were effective, all of these studies were either small or had key methodological weaknesses with a substantial risk of bias. None of these 'positive' results were reproduced in subsequent studies. The evidence of effectiveness was of low quality.

Context

Between 4% and 25% of school-aged children at some stage complain of recurrent abdominal pain of sufficient severity to interfere with their daily lives. When no clear organic cause is found, the children are managed with reassurance and simple measures; a large range of pharmacological interventions have been recommended for use in these children.

Cochrane Systematic Review

[Martin AE et al. Pharmacological interventions for recurrent abdominal pain in childhood. Cochrane Reviews, 2017, Issue 3. Art. No.: CD010973.DOI: 10.1002/14651858. CD010973.pub2.](#) This review contains 16 studies involving 1,024 participants.