



# Nationwide Children's Hospital Behavioral Health Webinar Series for Primary Care

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## Putting The “Functional” Back In Functional Gastrointestinal Disorders

Presented by:

Ashley M. Kroon Van Diest, PhD & Rose L. Schroedl, PhD

Wednesday, July 29, 2020

12:00 – 1:00 PM

Join by Phone: 1-415-655-0001 Conference ID: 161 417 4195

Join by WebEx: <https://bit.ly/NCH-BHWebinar29July2020>

This session is eligible for 1.0 Category 1 CME credit upon completion of the CME Evaluation Survey.

Visit our website! <https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/webinar-series>

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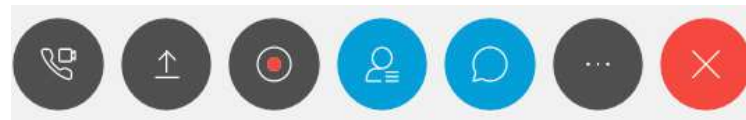
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# A Few Reminders

- ✓ This webinar is being recorded.
- ✓ We have **muted** all participants.
- ✓ **Chat with us during the webinar!** To type a question or comment for the speaker or facilitator, enter it directly into the WebEx chat box.



**Thanks for joining us today!**

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# Putting the “Functional” Back in Functional GI Disorders



Ashley M Kroon Van Diest, PhD  
Rose L Schroedl, PhD



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# Objectives

1. Learn efficient means of brief assessment of pediatric functional GI disorders
2. Review brief behavioral intervention of pediatric functional GI disorders
3. Identify when and where to place referrals for pediatric functional GI disorders

# Functional GI Disorders (FGIDs)

- Disorder of the nerves in the GI tract
- Often triggered by an illness or major stressor
- Can include symptoms of:
  - Abdominal pain
  - Nausea
  - Early satiety, decreased appetite
  - Constipation, diarrhea

# FGIDs

FGIDs are some of the most common GI problems

Common FGIDs:

- Functional Abdominal Pain
- Functional Dyspepsia
- Irritable Bowel Syndrome
- Functional Constipation
- Rumination

# Psychosocial Consequences of FGIDs

- Decreased quality of life
- Missing or dropping out of school and other activities
- Increased anxiety and depression
- Social withdrawal and isolation

# Pain Predominant FGID Diagnosis

Irritable Bowel Syndrome, Functional Abdominal Pain Syndrome, Abdominal Migraine, Functional Dyspepsia

Largely based on review of symptoms and clinical history

- More likely to be chronic
- Often related to anxiety or stress
- Associated with “Type A” personalities



# Pain Predominant FGID Evaluation

Ask about:

- Pain location, duration, quality
- Triggers for pain
- Impact on daily functioning
- Anxiety, depression
- Any red flag symptoms?
  - (weight loss, blood in stools, nocturnal stools)

# Treatment of Pain Predominant FGIDs

GI medications to address symptoms

Largely behavioral in nature

- Focus on return to functioning
- Cognitive behavioral therapy
- Biofeedback
- Hypnosis

# Treatment of Pain Predominant FGIDs

Quick first steps for treatment:

- Discuss return to school, social events
- Regular eating, sleeping, physical activity
- Encourage activity or distraction from pain
- Parents to eliminate pain status checks

# Treatment considerations

Patient and family must believe and understand FGID diagnosis

- Psychoeducation on FGIDs generally can help
- Families still pursuing organic options inadvertently sabotage treatment efforts

They must also understand the process is gradual, with no “quick fix”

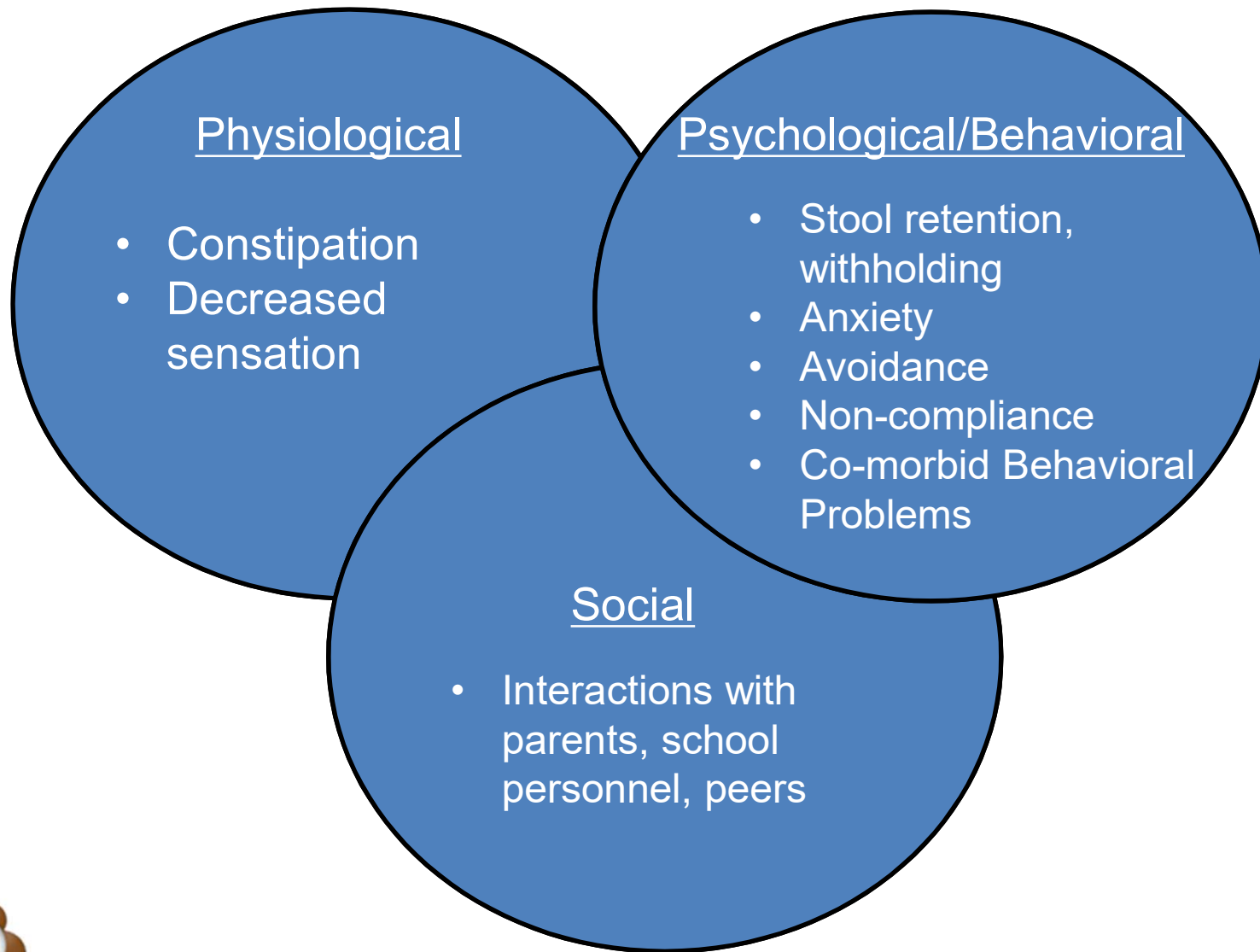
# FGID outcomes

Patients who participate in multidisciplinary treatment have the best outcomes

- Decreased disability related to GI symptoms
- Return to school and daily activities
- Increased QoL

# Defecation Predominant FGID

- Stress Induced Constipation and Diarrhea (IBS)
- Functional Constipation with Overflow Incontinence
- Withholding Behavior
- Toileting Refusal
- Manipulative Soiling



# Biopsychosocial Conceptualization



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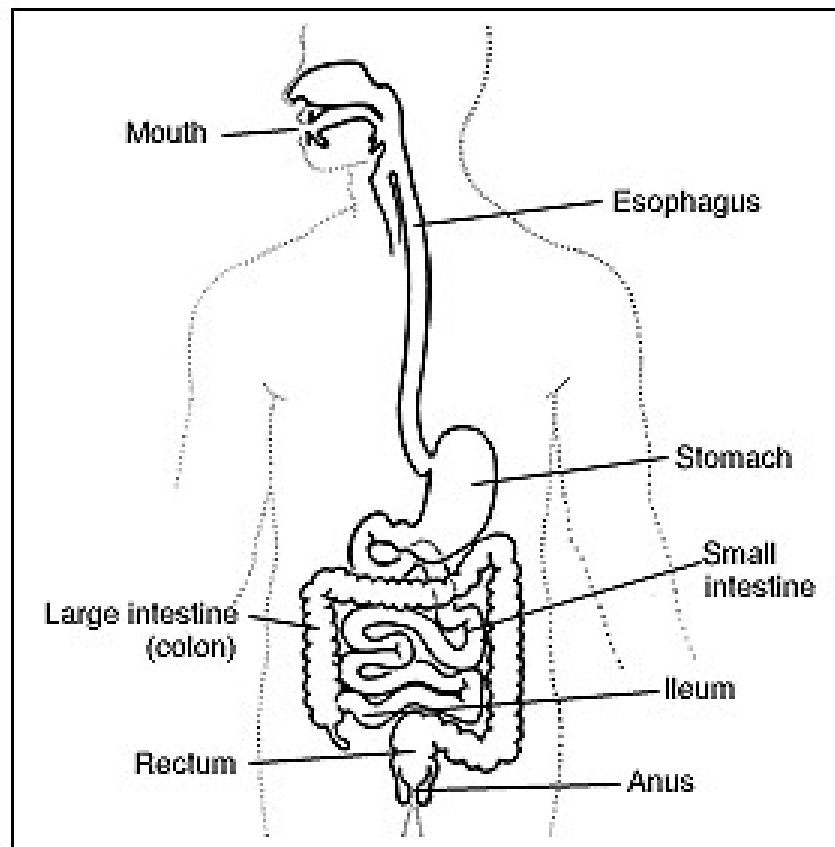
# Treatment

## Medical-Behavioral Approach

- Education
- Clean-Out/Disimpaction
- Maintenance of regular BMs
- Behavioral Intervention to improve/establish toileting behavior



# Education



# Medication

- First goal is to effectively manage constipation
  - Clean-out
  - Maintenance medication
    - Softeners vs. Stimulants
    - Stimulants are VERY effective and ESSENTIAL for the tx of withholding behavior

# Behavioral Intervention Basics

Establishing a toileting routine

## Use of Operant Conditioning Techniques

- Rewards for compliance with toilet routine
- Rewards for staying clean
- Consequence for “intentional” soiling

# Behavioral Interventions Basics

## Proper Toileting Posture

- Stool under the feet
- Pants all the way down
- Knees apart
- Torso up-right

## Coping skills/relaxation to promote defecation

- Blowing bubbles
- Snake breathing
- Distraction

# In the Office

## Assess for constipation

- How often does the child stool?
- Where does the stool go?
- What does the stool look like (BSC)?
- Does the child complain of “hurt poops”?
- Does the child ever clog the toilet with a large BM?
- Does the child strain when stooling?

# In the Office

Always treat encopresis first before you treat enuresis

Assess Current Toileting Behavior

- Where does the child defecate?
- What happens when you ask your child to sit on the toilet?
- What strategies have you used to promote defecation in the toilet?

Assess past toilet training experience

- Was the child ever toilet trained for stool?
- How did the child respond to toilet training

# In the Office

## Create a Plan

- Clean-out instructions (including how to know the clean-out was successful)
- Maintenance Medication Regimen (including timing of medication and how to know it is working)
- Toileting Schedule
  - Frequency of sits
  - Duration of sits
  - Reinforcement for compliance
  - Toileting posture
  - Tracking

# When to Refer

- Constipation is refractory to treatment
- Basic behavioral interventions are not enough
- Child has a co-morbid behavior problem which complicates implementation of bx intervention
- Child exhibits anxiety associated with toileting
- Manipulative soiling/Odd toileting behavior



# Where to Refer

- GI clinic
  - Starts with general GI visit
  - May be referred to FGID or BMC clinic
- Pediatric Psychology
- Pain Clinic

# Questions?





## CE POSTING

**Series Name:**

- Behavioral Health Webinar Series for Primary Care

**Date:**

- July 29, 2020

**Presentation Title:**

- Putting the “Functional” Back in Functional Gastrointestinal Disorders

**Speakers' Names:**

- Ashley M. Kroon Van Diest, PhD; Rose Schroedl, PhD

**Planning Committee:**

Jennifer White, MD; William Long, MD; Nancy Cunningham, PsyD; Alex Bishara; Amanda Oxenham; Sherry Fletcher; Hannah Harrison; Jessica Dudley

**Disclosure Statement:**

1. No one in a position to control content has any relationships with commercial interests.

**Series (Session) Objectives:**

- Learn efficient means of brief assessment of pediatric functional GI disorders.
- Review brief behavioral intervention of pediatric function GI disorders.
- Identify when and where to place referrals for pediatric functional GI disorders.

**Commercial Support:**

- N/A – see training document



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IPCE Program DOCUMENT Ver. 1; 4.3.2020

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# Thanks for joining us!

## CME Credit

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**Wednesday, August 5, 2020**

<https://www.surveymonkey.com/r/NCH-BHWebinar29July2020>

This link will be sent via email to all participants.

Please note: We are unable to provide CME credit past this deadline.

## Save the date:

- **Aug. 26** – The Pediatrician's Role in School Problems
- **Nov. 11** – This Feels Like More Than Picky Eating... Avoidant Restrictive Food Intake Disorder



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