

FGID Table D (Updated 29/01/2016)

PUBMED 2014 - Search criteria e.g.: (TITLE-ABS-KEY("functional abdominal pain syndrome")) AND (psychological intervention or hypnosis or relaxation or "behavior therapy" or "behaviour therapy" or "cognitive therapy" or "stress management" or "interpersonal therapy" or psychoanalysis or psychodynamic or CBT or mindful* or mind or hypnosis, or "psychological intervention" or biofeedback). References also attained through screening of source references.

Levels of evidence (I-IV) assessed in accordance with National Health and Medical Research Council (1999) guidelines [1]

FGID condition and diagnostic criteria		Demographics aspects of the condition		Medical treatment	Psychological aspects of the FGID			
FGID Condition:	Diagnostic criteria:	Prevalence:	Demographic characteristics:	Common medical treatment method:	Incidence of psychological conditions	Psychological predictors	Psychological intervention type	Efficacy of psychological and biofeedback interventions
D. Functional Abdominal Pain Syndrome (FAPS)	<p><i>Diagnostic criteria*</i></p> <p><i>Must include all of the following:</i></p> <ol style="list-style-type: none"> 1. Continuous or nearly continuous abdominal pain 2. No or only occasional relationship of pain with physiological events (e.g., eating, defecation, or menses) 3. Some loss of daily functioning 4. The pain is not feigned (e.g., malingering) 5. Insufficient symptoms to meet criteria for another functional gastrointestinal disorder that would explain the pain <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis [2]</p> <p><i>Review papers: [3-12]</i></p>	<ul style="list-style-type: none"> • 0.1% in Israel (0.8% all FAP) [13] • 0.3% (95% CI: -0.05-0.8) in AU (RII criteria; 10.3% [95% CI:9.2-11.4] RI criteria) [14] • 0.5% (95% CI: 0.0-0.9) in Canada (2.7% [95% CI: 1.8-3.6] all FAP) [15] • 1.0% (95% CI: 0.3-2.3) in Mexico [16] • 2.2% diagnosed after excluding self-report; national average was 1.7% [17] • 10.3% in AU [18, 19] 	<ul style="list-style-type: none"> • Similar health care usage to IBS [20] • Unlike IBS, FAPS do not have rectal hypersensitivity [21] 		<ul style="list-style-type: none"> • 100% CES-D depression (IV) [16] • 43.29% comorbidity, significantly higher than controls (III-2) [19] 	<ul style="list-style-type: none"> • Absenteeism (III-2) [17] • Neuroticism (III-2) [22] • Parents with abdominal pain (III-2) [22] 	<ul style="list-style-type: none"> • Cognitive-behavioural therapy (CBT) (II) [23] 	<ul style="list-style-type: none"> • CBT <ul style="list-style-type: none"> ◦ Superior to control in females (II) [23]

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