

**BORDERLINE DISORDERS IN PEDIATRIC PRACTICE: RECURRENT ABDOMINAL
PAIN IN CHILDREN**

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Abstract. Complaints of recurrent abdominal pain in children are common in pediatric practice. It is known that about 50% of pains are of psychogenic nature, so such patients need specialized psychological or psychotherapeutic care. The purpose of this work was to study the relationship between recurrent abdominal pain in children and emotional disorders and the social environment in the occurrence of the disease. Children with recurrent abdominal pain (100 people) and without them (100 people) were examined.

Keywords: psychology, stomach pain, children.

INTRODUCTION

A pediatrician quite often has to deal with episodes of periodically occurring abdominal pain in patients. Such complaints are presented by 10 to 25% of children and adolescents. Frequent "abdominal problems" (at least once a week) are observed in 15% of boys and 28% of girls. The manifestation of recurrent abdominal pain (RAP) in most cases occurs at the age of 5-10 years, in late adolescence their occurrence becomes less.

MATERIALS AND METHODS

The currently existing biopsychosocial approach considers functional abdominal pain as a complex multifactorial disorder [1]. This is confirmed by convincing evidence of the high role of psychosocial causes (daily conflicts, stressful life events), psychopathological factors (anxiety, depression, somatic disorders), in combination with external factors (behavior modeling, reinforcement of pathological behavior) in the pathogenesis of functional abdominal pain. It has now been proven that up to 50% of functional abdominal pain in children have a psychogenic nature of occurrence. According to the results of modern studies, 13% of children with functional abdominal pain have pronounced emotional disorders, 35-40% have moderate disorders [2]. Nevertheless, a conclusion about the psychogenic nature of pain can only be made after excluding all somatic causes [3]. Therefore, children with RBZh should be observed and examined not only by pediatricians or gastroenterologists, but also by psychologists or psychotherapists [4]. Providing comprehensive care will help to avoid the development of the patient's fixation on painful experiences and the emergence of hypochondriacal personality traits.

RESULTS AND DISCUSSION

However, as practice shows, children with RBG do not always receive psychological or psychotherapeutic help. This is due to the fact that, on the one hand, modern psychiatric services are focused on providing assistance to children with severe mental pathology, and on the other hand, pediatricians rarely refer children to mental health specialists, even if such specialists are available at the children's clinic.

For an adequate assessment of the patient's health, it is important for the pediatrician to know not only the somatic signs of the disease, but also to correctly interpret the emotional state of the child, be familiar with the social environment, and be able to establish trusting relationships with children and parents. Modern therapy for children with RBG involves not only diet and drug treatment, but also active psychological support for the family [2].

The purpose of the study: to study the relationship between RBG in children with emotional disorders and the social environment.

Most children with RBZh complained of mental health problems. Only 12% of children in group 1 and 57% of children in group 2 had no complaints ($p < 0.001$). The most common complaint was increased fatigue (61% of children in group 1 and 41% of children in group 2, $p < 0.001$), which occurred at school, more often after the 3rd or 4th lesson. Headaches were more common in children in group 1 (62% of cases), while in group 2 they occurred in only 32% of cases ($p < 0.001$). Most children associated the occurrence of headaches with stress during lessons and noted a decrease in their intensity after returning home. Sleep disturbances were reported by 33% of children with RBG ($p < 0.001$), most often occurring at the stage of falling asleep, although some subjects also mentioned nightmares.

Along with the above complaints, 46% of children from the 1st group suffered from anxiety and a feeling of internal tension. Similar symptoms in children of the 2nd group were observed in only 19% of cases ($p < 0.001$). Children more often associated anxiety and worry with school-related reasons: increased demands at school, “difficult” lessons or upcoming tests. Mood disorders were noted by 19% of children from the 1st group and 3% from the 2nd ($p < 0.001$). Children with mood disorders tended to be more tearful, said that they were “sad”, “bored”. In a comparative analysis of complaints in children of different sexes, no statistically significant differences were found in the group of healthy children, while in the group of children with RBZ, girls more often than boys reported problems with fatigue ($p < 0.05$) and headaches ($p < 0.05$).

When correlating the obtained information with the main mental register syndromes, it was found that the level of mental disorders in children with RBZh is more often represented by the astheno-neurotic and astheno-subdepressive registers (Table 2). Astheno-neurotic symptoms were noted in 25% of children from the 1st group and in 11% from the 2nd ($p < 0.01$). Among all the symptoms, complaints of anxiety, worry, various obsessions and fears came to the fore, and of all the fears presented, the most common was fear of school. Astheno-subdepressive symptoms were noted in 30% of children with RBZh and only in 3% of children in the 2nd group ($p < 0.001$). The children had anxiety, restlessness, which was accompanied by a depressed mood, which had not yet reached the clinical level of depression.

Depressive state was diagnosed in 10% of children with RBZh syndrome ($p < 0.01$). In the clinical picture, tearfulness, depression, depressed mood, lack of previous joy, and loss of interest in learning came to the fore. As a consequence of mental health disorders in children of this group, a decrease in school performance was added.

CONCLUSION

88% of children with RBZ had mental health problems. The most common complaints were increased fatigue, headaches, sleep disorders, anxiety, 19% of children with RBZ reported mood changes. 65% of them needed psychological or psychotherapeutic help. Among the psychogenic disorders in school-age children, the most significant were stress factors associated with school, as indicated by a high level of frustration, neuropsychic tension and anxiety in the school environment. Complaints about RBZ can also be a consequence of parental deprivation, especially in girls.

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