Provincial Chronic Abdominal Pain Primary Care Clinical Pathway

1. Diagnostic Criteria

Must have the following for 3 months prior, with symptom onset ≥ 6 months ago:

- Continous or near continuous abdominal pain
- No, or only occasional relationship of, pain with physiological events
- Pain limits some aspect of daily functioning
- Pain is not feigned
- Pain is not explained by another structural or disorder of gut-brain interaction or medical condition

2. Symptoms Better Explained by Another GI Disorder?

Is it GERD?
Predominant heartburn or regurgitation

Yes → Follow GERD Pathway

Is it IBS?
Pain related to defecation or change in stool form/frequency

Yes → Follow IBS Pathway

Is it dyspepsia?

- Epigastric discomfort
- Upper abdominal pain/bloating

Yes → Follow Dyspepsia Pathway

No

3. Alarm Features?

- Family history (first degree relative) of IBD or colorectal cancer
- Unintended weight loss (> 5% over 6-12 months)
- Iron deficiency anemia (see Iron Primer)
- Onset of symptoms after age 50
- Persistent vomiting
- Visible blood in stool

→ 7. Refer for consultation/ endoscopy. See referral guideline tab for details

No

4. Optimize Management of Alternate Diagnosis or Secondary Causes

- Consider referred pain from other systems
- Review medications and discontinue or reduce dose of culprit medications
- Identify and eliminate dietary triggers and allergens

5. Baseline Investigations

Initial work up:

- CBC, electrolytes (Na, K, Cl, Ca, Mg, P), creatinine
- Liver enzymes (ALT, ALP), albumin, bilirubin, lipase
- CRP - if suspecting inflammatory or infectious conditions
- *C. difficile*, ova and parasites
- Ferritin and transferrin saturation (see Iron Primer)

Consider based on clinical context:

- Celiac disease screen
- Thyroid test (TSH)
- *H. pylori* test (HpSAT or UBT)
- Urinalysis
- Pregnancy test (β-hCG)
- Abdominopelvic ultrasound

Yes → Treat or refer for consultation. See referral guideline tab for details

If unsatisfactory response to management, consider using an advice service before referring. See referral guideline tab for details

Consistent with Centrally Mediated Abdominal Pain Syndrome (CAPS)

6. Management

- Patient reassurance: reassessment and reappraisal to establish therapeutic relationship
- Lifestyle modifications: stress reduction may include physical activity, mindfulness, meditation, hypnotherapy, and acupuncture
- Dietary modifications: assess common food triggers and keep a food journal. Consider referral to a Registered Dietitian
- Psychological therapy: refer to behavioural health specialist. If psychiatric symptoms predominate, consider psychiatry
- Pharmacological therapy: for moderate to severe CAPS symptoms only (antispasmodics, TCAs, SNRIs, or SSRIs) - do not use opioids for CAPS