

Contents

1	Introduction	1
	Caring and Rapport	1
	Definition	2
	The Concept of Functionality	3
	Who Is the Pediatric Patient?	5
	Integration of Biomedical and Psychosocial Management.....	6
	Basic Values of Clinical Practice	6
	Disease, Illness, and Role of the Physician.....	6
	The Doctor-Patient Relationship: Three Models And Their Uses	7
	Assessing Pain Behavior.....	8
	The Effects of a Childs Illness on Parenting.....	8
	The Form and Content of Consultations	9
	Understanding the Symptoms	9
	The Constituents of Illness: A Guide for Diagnosis and Management...	10
	Why Somatizing Patients May Be Difficult to Manage.....	13
	The Gap Between Pediatrics and Psychiatry	13
	Relevant Attitudes, Skills, Goals and Responsibilities	16
	Dealing with the Emotional Strain.....	20
	References	21
2	Functional Disorders of Elimination.....	25
	Introduction.....	26
	Physiologic Anatomy of the Apparatus of Defecation and Fecal Continence	26
	Sensory Aspects	27
	Motor Aspects	28
	Reflexology of the Colo-Rectum, Anal Sphincters, and Pelvic Floor	29
	Recto-Sphincteric Reflexes	29
	Pelvic Floor Reflexes	30
	The Development of Toileting Skills	31

Anxiety and Toilet Learning	33
Piaget's Childhood Animism	34
Pelvic Floor Motility: Coordinated, Uncoordinated, and Dyssynergic.....	35
Hinman's Syndrome.....	37
Philosophical Context of Clinical Management of Disorders of Elimination	38
Diagnostic Techniques in the Diagnosis of Disorders of Defecation (Historical, Physical, and Radiologic)	40
Functional Disorders of Defecation Syndromes	42
The Functional Fecal Retention Syndromes (FFRS)	43
The Mechanism of Soiling in Functional Fecal Retention Syndrome.....	52
The Nature and Pace of Recovery.....	53
The "Retentive Crisis" and Its Importance	57
Problems in the Differential Diagnosis of Functional Fecal Retention Syndrome.....	58
Hirschsprung's Disease	58
Multiple Endocrine Neoplasia Type 2B.....	59
Pelvic Tumor.....	60
Stooling Hiatuses in Normal Breastfed Infants	61
Anal Ectopy, Anal Stenosis.....	61
Neuropathic Fecal and/or Urinary Soiling.....	62
Fecal Retention Due to Anal Trauma or Perianal Dermatoses	62
Masturbatory Posturing Mimicking Dyschezia and/or Fecal Retention	64
Functional, Nonretentive Fecal Soiling (FNRFS).....	65
Diagnosis and Management of Functional Nonretentive Soiling	69
Children with Features of Both Retentive and Nonretentive Syndromes	72
Diaper Dependency.....	73
Permitted Diaper Dependency	74
Contentious Diaper Dependency	76
Infant Dyschezia.....	78
References	79
3 Functional Vomiting Disorders and Patterns	87
Introduction.....	87
Three Functional Vomiting Syndromes of Infancy	88
"Innocent Vomiting"	89
"Nervous Vomiting"	89
Rumination.....	90
"Tantrum Vomiting" and "Contentious Vomiting"	92
Oral-Defensive Vomiting	92

Vomiting Precipitated by Feelings of Disgust, Revulsion or Suppressed Anger	93
Anticipatory Nausea and Vomiting	93
Chronic Nausea	94
Vomiting Associated with Panic Attacks	95
Cyclic Vomiting Syndrome	97
Management.....	97
Conversion Reaction Presenting as Intractable Vomiting	103
Vomiting as a Symptom of Somatization Disorder.....	106
References	108
4 Functional Abdominal Pain	111
Introduction.....	111
Features of the Recurrent Abdominal Pain Syndrome (RAPS)	112
Management.....	114
Understanding the Symptoms	114
Effective Reassurance	115
Continuity and Accessibility of Care	115
Psychosocial Aspects of Clinical Management	116
Functional Abdominal Pain Crises.....	122
The Use of Hospitalization for Functional Abdominal Pain Crisis	125
References	128
5 Infant Colic	131
Definition	131
Epidemiology	133
Differential Diagnosis of Prolonged Crying in Young Infants.....	133
The Abdominal Pain Hypothesis vs. The Neurodevelopmental Hypothesis.....	134
How Does Colic Subside?.....	135
Management.....	135
Persistent Colic	141
References	141
6 Functional Diarrhea (Also Known as Chronic, Nonspecific Diarrhea of Infancy and Early Childhood, and “Infant/Toddler Diarrhea”)	145
Management.....	147
References	148
7 Failure to Thrive.....	151
Definitions: Failure to Grow/Failure to Thrive	152
Philosophical Considerations.....	152
Some Misconceptions About FTT	153
Conditions that may be Mistaken for Clinically Significant Growth Failure.....	153

What is required for thriving? The Pathogenesis of Failure to Thrive: The Emotional and Nutritional Aspects of Nurturing—	
How Aberrant Nurturing Can Cause Growth Failure	154
Emotional Aspects	154
Nutritional Aspects.....	155
Specific Failure to Thrive Syndromes	158
Deprivation Dwarfism.....	164
Four Categories of Failure to Thrive	166
Summary of Management Concepts	174
References	175
Index.....	177