

GROWTH AND NUTRITIONAL STATUS IN CHILDREN WITH RECURRENT ABDOMINAL PAIN AND ITS RELATION TO EATING BEHAVIORS

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Background: Paediatric feeding difficulties may adversely affect growth, nutritional status, and psychosocial functioning. In children with recurrent abdominal pain, gastrointestinal symptoms may contribute to maladaptive eating behaviours; however, data linking feeding-related behaviours with nutritional status in this population remain limited.

Objective: To investigate relationships between body height and nutritional status with eating behaviours in paediatric patients with recurrent abdominal pain.

Subjects and methods: This cross-sectional study included 138 paediatric patients (62 boys, 76 girls; mean age 11.4 ± 3.62 years) undergoing diagnostic work-up for recurrent abdominal pain in paediatric gastroenterology clinic. Dependent variables were z-scores for height, BMI, mid-upper arm circumference (MUAC), mid-upper arm muscle circumference (MUAMC), and the sum of three skinfold thicknesses (triceps, subscapular, abdominal). Independent variables included age, sex, pain aetiology, symptom duration, breastfeeding duration, and Child Eating Behaviour Questionnaire domains. Multivariable linear regression models included variables significantly associated with anthropometric indicators in univariable analyses, with age and sex retained as confounders.

Results: Underweight was common, affecting 27.5% of patients. Eating behaviours varied with age: younger children presented higher food fussiness, satiety responsiveness, and slowness of eating (SE). Among feeding-related behaviours, SE was the most consistent correlate of poorer nutritional status, showing inverse associations in univariable analyses with height, BMI, MUAC, MUAMC, and skinfold sum. Pain aetiology was not associated with growth or nutritional indicators, whereas symptom duration ≥ 12 months was associated with lower MUAC and lower skinfold sum. In multivariable analyses, SE remained independently associated with lower height, BMI, and MUAMC, while together with symptom duration, contributed significantly to the explanation of variance in MUAC (10.06%, $p < 0.001$) and skinfold sum (9.71%, $p < 0.01$).

Conclusions: These findings suggest that recurrent abdominal pain may negatively influence growth and nutritional status through feeding-related difficulties, manifested by slowness of eating, particularly when gastrointestinal symptoms are prolonged.

Keywords: Growth; Nutritional status; Gastrointestinal disorders; Eating behaviour; Paediatrics.