Functional dyspepsia

When eating brings early fullness, nausea or upper tummy discomfort.

> **i** Symptoms are real. The stomach may be extra-sensitive or may not relax comfortably to hold a meal. This can happen without an ulcer or visible damage.

What might my child feel?

Some children feel full after only a few mouthfuls, or uncomfortably full after meals. Others have upper middle tummy pain or burning. Nausea, bloating and belching may accompany these symptoms. The pattern can vary or overlap.

The medical umbrella term is Disorders of Gut-Brain Interaction (DGBI). We use gut-brain disorder in the rest of this guide. It describes changes in sensation, movement and communication, even when the gut has no visible injury.

A problem of function

The diagnosis describes how the stomach and nervous system are working. It is not a statement that “nothing is wrong”. Symptoms can follow an illness or arise without an obvious trigger. Worry, poor sleep and repeated discomfort may amplify symptoms, without being their sole cause.

Protect eating and growth

A child who repeatedly feels sick after food may become frightened of meals. Early dietitian support is helpful if intake falls, weight drops or the list of tolerated foods becomes smaller. Supportive treatment should help rebuild confidence as well as comfort.

The stomach and the “two brains”

The gut’s nerves and the brain in the head exchange messages both ways.

The stomach normally relaxes to accommodate food, then mixes and empties it. Its nerve network - sometimes called the “gut brain” - communicates with the main brain through nerves and chemical messages. Poor meal accommodation, heightened sensitivity and changes in movement can contribute to symptoms.



Messages travel both ways - treatment can target both ends.

Worry • poor sleep • pressure Anticipating another pain episode Can turn up pain processing

Constipation • gas • stretching Changes after a gut infection Can turn up gut sensitivity

Visceral hypersensitivity: a sensitive tummy

“Visceral” means the internal organs. “Hypersensitivity” means extra-sensitive. A normal amount of gas or a meal stretching the gut may feel painful, rather like sunburnt skin hurting with a light touch.

Brain sensitisation: the volume is turned up

With repeated pain, the brain and spinal cord can become quicker to notice gut signals and amplify them. Fear of another episode and poor sleep can keep this circuit alert. This is an automatic nervous-system response, not a choice or a parent’s fault.

Assessment and investigations

Tests should answer a specific clinical question.

How is the diagnosis made?

The clinician reviews symptoms, growth, examination and medicines, and considers constipation, coeliac disease, reflux, inflammation and other explanations. A gut-brain diagnosis can often be made without extensive testing when the pattern fits and concerning features are absent.

When might endoscopy matter?

Gastroscopy can be important if the clinician suspects another disease before making the diagnosis - for example with swallowing difficulty, bleeding, persistent vomiting, weight loss or abnormal tests. Biopsies can identify inflammation even when the lining looks normal. Not every child needs a scope.

Do we need a gastric emptying study?

Not routinely. It may help when persistent vomiting or severe meal intolerance raises concern about gastroparesis. Functional dyspepsia and gastroparesis can feel similar, but are not interchangeable: gastroparesis requires evidence of delayed emptying without a blockage.

i A normal test does not make symptoms imaginary. Conversely, a mildly abnormal test may not explain every symptom. Your clinician will explain what a result means for your child's treatment.

What changes need review?

! Poor growth, weight loss, persistent or green vomiting, blood in vomit or stool, difficulty swallowing or symptoms that are progressively worsening require reassessment. Green vomit, severe new pain or a very unwell child need urgent care.

Eating comfortably again

Preserve nutrition while making meals easier to manage.

Practical eating strategies

Offer smaller meals and snacks at predictable times instead of long fasting followed by a large meal. Slow eating and a comfortable pace can help. Do not force a large plate when the child feels full; plan enough nutrition across the whole day.

Avoid a shrinking “safe” diet

Some children tolerate large or very fatty meals poorly. Make targeted adjustments rather than removing whole food groups. A paediatric dietitian can support energy, protein, fibre and micronutrients, and consider a supplement if needed.

Is low FODMAP a good fit?

FODMAPs are fermentable short-chain carbohydrates that can generate gas and draw water into the bowel. Dietary changes mainly fit an IBS-like pattern of pain, bloating, wind and changed stools. A low-FODMAP diet is not established treatment for isolated early fullness or upper tummy discomfort.

If IBS symptoms overlap, discuss a gentle approach with a dietitian: a few targeted swaps, a brief trial, then reintroduction. It should not become a permanent broad restriction. Evidence in children is limited.

Treat constipation if present

Stool retention can worsen fullness, pain and nausea. Soft, comfortable stools and regular toilet time may remove one source of discomfort, although additional treatment may still be needed.

> i Progress is more than a pain score: more comfortable meals, adequate growth, less nausea, better school attendance and reduced fear of food are meaningful gains.

Monash - gentle FODMAP approach ↗

Medicines: choose for the symptom

Evidence specific to childhood functional dyspepsia is limited.

Acid suppression

A time-limited acid-suppressing trial may be considered for burning, upper tummy pain or reflux symptoms. It is less likely to address early fullness alone. Agree on a review date; continued symptoms should prompt reconsideration rather than automatic long-term treatment.

Cyproheptadine

Sometimes used for nausea, early fullness and poor appetite. It may affect stomach relaxation and sensory signalling. Paediatric support largely comes from observational studies, not large placebo-controlled dyspepsia trials. Sleepiness, increased appetite, weight gain or irritability can occur.

Amitriptyline and other neuromodulators

Low-dose amitriptyline changes nerve signalling and may be tried for persistent pain. It is not prescribed because pain is imaginary. Evidence specifically for dyspepsia in children is uncertain. Sleepiness, dry mouth and constipation can occur; the prescriber checks interactions, heart rhythm risk and whether an ECG is needed. Report mood or behaviour changes promptly and store securely.

Probiotics and peppermint oil

Evidence is mainly for IBS or other functional abdominal pain, not isolated functional dyspepsia. They are not routine first choices for this condition. Peppermint can worsen reflux. Prokinetic medicines are reserved for selected situations because benefit is uncertain and important side effects are possible.

> **i** Use a monitored, child-specific trial with a clear goal. This guide deliberately does not provide doses. Do not start, combine, stop or adjust prescribed medicines without advice.

Evidence: cyproheptadine study in children ↗

Calming the gut-brain system

Treatment can target both gut symptoms and the nervous system's response.

Gut-directed hypnotherapy

A trained therapist uses relaxation, focused attention and child-friendly imagery linked to gut comfort. A child might imagine a comfortable tummy or a dial that turns down the pain alarm. The child remains in control. Sessions and home practice aim to calm the automatic response to gut sensations.

Gut-directed cognitive behavioural therapy (CBT)

CBT explores the link between symptoms, thoughts, emotions and actions. It teaches breathing, attention-shifting and coping skills, and helps children gradually return to meals or activities they have come to fear. Parents learn to validate symptoms while supporting confidence and participation.

The strongest guideline support is for children with IBS and functional abdominal pain. Evidence specific to functional dyspepsia is less developed; therapy can still help coping and food-related fear, with individual goals.

Brisbane and online options

The Gut-Brain Clinic, Coorparoo lists gut-focused psychology, hypnotherapy and adolescent care. The Gut Centre, Paddington and telehealth lists gut-focused psychological therapies and paediatric care. Confirm the practitioner's experience with your child's age, fees and current availability.

The Gut-Brain Clinic ↗

The Gut Centre - children's hypnotherapy ↗

Nerva app

Guided gut-directed hypnotherapy for home use. Most app research is in adult IBS; teenage data are preliminary and younger-child evidence is limited. Discuss age suitability, supervision and subscription terms. It does not replace an individual assessment or child-experienced therapist.

Nerva program and app ↗

Everyday life and follow-up

A practical plan for home and school.

Keep life moving

Use regular sleep, meals and enjoyable activity. Agree on school toilet and water access, a short coping break and return to class when safe. Build participation back gradually if attendance has fallen. Improvement may start with better function before symptoms fully settle.

During a familiar flare

Acknowledge the pain calmly. Use the agreed breathing exercise, comfortably warm heat pack, toilet access or medicine. After a brief rest, return to the planned activity as able. New symptoms or a different pattern need medical advice.

Track what matters

For a short period, note symptoms, meals, stools, treatments and school participation. Look for less fear, faster recovery, better eating and fewer missed activities, alongside reduced pain. Review a trial treatment rather than adding products indefinitely.

> “ What to tell your child “I believe you. Your gut and brain are sending very strong messages. We can help them settle and help you get back to the things you enjoy.”

When to seek help

! Seek urgent care for green vomit, vomiting blood, severe new pain, fainting, marked dehydration or a very unwell child. Arrange review for weight loss, poor growth, persistent vomiting or diarrhoea, blood in stool or worsening symptoms.

TRUSTED INFORMATION AND SOURCES

Paediatric treatment guideline (2025) ↗

GiKids - CBT for gut symptoms ↗

RCH - assessment of chronic abdominal pain ↗



Your feedback is welcome

If you would like to leave a Google review about your experience, scan the QR code.

Please avoid including your child's name or private health information in a public review.