

# Physician Introduction to Managing RAP Study

*A Children's Hospital & Regional Medical Center  
& University of Washington Joint Research Project*

The University of Washington and the Pediatric Gastroenterology Department of Children's Hospital Regional Medical Center are conducting a treatment study funded by the National Institutes of Child Health and Human Development for children between 7 and 17 who have **Recurrent Abdominal Pain (RAP)**. This study has been approved by the Children's Hospital's Institutional Review Board (IRB).

We would like your help in referring patients with RAP to the study. RAP is defined as: "three or more episodes of abdominal pain that occur over a period of three or more months and interfere with activities, in the absence of positive physical or laboratory findings which would explain the abdominal pain."

The primary objective of this study is to test a short (3-session) intervention for managing the child's symptoms of RAP to children and their parents. Patients will be randomly assigned to one of two groups. Both groups will include education and parent involvement as well as some (but not all) of the following content: coping strategies, healthy eating and nutrition, and cognitive behavioral strategies, including relaxation.

We will measure outcomes over a year, looking at pain, function, parent and child measures of GI symptoms, health care utilization, and missed school days. In addition to receiving free therapy or education, patient families will be reimbursed for their time to complete questionnaires at all data collection points.

Specific study eligibility criteria include:

**Inclusion criteria:** A child and his or her parent(s) will be included in the study:

- If the child is between the ages of eight and 16.
- If the child experienced at least three episodes of abdominal pain over a three month period which affected the child's activities.
- If the primary caregiver is willing and able to complete the questionnaires.
- If the child lived with the primary caregiver full-time for at least the past two years and for at least half of his or her lifetime.
- If the child and the parents agree to the conditions of study participation, including randomization, participation in intervention and follow-up evaluations.

**Exclusion criteria:** A child and his or her parent(s) will not be included in the study if the child has/is:

- Positive physical or laboratory findings which would explain their abdominal pain.
- A chronic disease (e.g. Crohn's, ulcerative colitis, pancreatitis, diabetes, epilepsy, etc.).
- Lactose intolerance as diagnosed by the attending physician.
- Undergone major surgery in the past year.
- Developmental disabilities that require full-time special education or that impair ability to respond.
- Inability of primary care giver to understand, read or write English.

***All forms & a patient flyer are available at: [www.rapstudy.org](http://www.rapstudy.org)***

**If you would like to refer your patient to the RAP study, please:**

Give the parent a Patient Information Flyer, HIPAA form, and Medical Release Form.

- If the parent signs the Medical Release Form and HIPAA form:
  - **Please fax** (1) the signed medical release form, (2) the HIPAA form, and (3) the completed medical eligibility screening form to Melissa Young at Children's: (206) 987-5111.
  - **Please send the original documents** to the Project Director:  
Shelby Langer, Project Director  
UW School of Social Work  
4101 15th Ave NE, Box 354900  
Seattle, WA 98105-6299  
Phone: (206) 616-2358
- If the parent does not sign the Medical Release Form and/or the HIPAA form, please ask them to take home the study information and to contact the Project Director if they have questions or would like to participate; contact information for the Project Director is on the Patient Information Flyer. In this case, do not send any patient information to the study. The Project Director or study personnel will contact you for patient and medical eligibility screening information if your patient decides to pursue enrolment by contacting the study and signing the medical release and HIPAA forms.

**If you would like to refer your patient for an evaluation for abdominal pain at the Children's Hospital Abdominal Pain Clinic, please complete the New Appointment Referral Form and fax it to Melissa Young at (206) 987-5111. She may be reached by telephone at (206) 987-5111.**

**Thank you in advance for your time and assistance. Please do not hesitate to call either of us if you have questions.**

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