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CVS in School



The Cyclical Vomiting Syndrome Association (CVSA-UK)
for patients, families and professionals providing support,
education and research for Cyclical Vomiting Syndrome

Cyclical Vomiting Syndrome (CVS)

is an episodic disorder characterised by recurrent, discrete attacks of severe nausea and vomiting, separated by spells of completely normal health.

An early classic description was by Dr. Samuel Gee at St Bartholomew's Hospital, London, in 1882.

There are sufferers throughout the world, yet, in spite of ongoing research into the condition, its cause remains unclear.



Acute Episodes

There is a wide spectrum of severity.

Symptoms:-

- Always: Severe nausea with frequent vomiting, many times an hour.
- Often: Intense abdominal pain.
- Sometimes: Dizziness, headache, diarrhoea.

Frequency: Every week to 2/3 times a year.

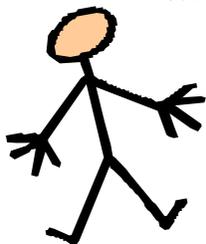
Regularity: Can occur at very precise intervals in some, or sporadically in others.

Length: A few hours to more than 10 days.

Onset: At any time; usually during the night or on waking in the morning.

Severity: Ranges from a trivial disruption to a life threatening condition.

Treatment: Rest at home for a few hours to intravenous treatment in hospital for weeks.



Implications for Schools

Co-operation: There needs to be discussion and trust between the child, parents and teachers. The teacher needs to know how and when to contact the parents if an episode should start in school.

Social Implications

CVS is *not* infectious and cannot be passed from child to child, although a simple infection, like a cold, may "trigger" an episode in a sufferer. Occasionally children ostracise the CVS child in the mistaken belief that they may "catch" something. This is very hurtful. Sufferers are often frightened by the intensity of their symptoms and older children may be embarrassed by being ill in school. The right attitude of staff can be helpful here.

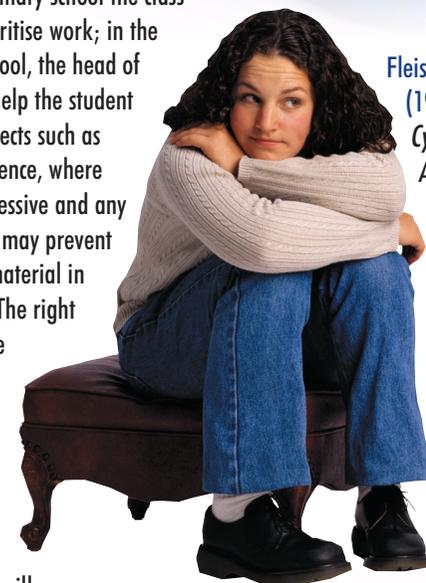
Absences

Children with CVS are likely to suffer from frequent absences, often over many years. This can affect their education. Absences are often short, from half a day to a fortnight or so, rather than prolonged, lasting for months. This pattern of absence can be very disruptive, however, causing significant gaps in knowledge. It is important that teachers are aware of the condition and the nature of the absences, or otherwise they may unwittingly blame the child for poor attendance or truancy.



Flexibility

It is helpful if there is some flexibility over making up work missed through absence. If the school demands that all work is made up, the child may be put under undue pressure and miss vital sleep, as well as relaxation and social activities. In the primary school the class teacher should prioritise work; in the early secondary school, the head of year may need to help the student concentrate on subjects such as mathematics, or science, where the subject is progressive and any gaps in knowledge may prevent understanding of material in later school years. The right balance needs to be struck between keeping up with schoolwork and relaxation. If the child is put under a lot of pressure and made anxious, this will exacerbate the condition.



Fleisher, D.R. (1997).

Cyclic Vomiting Syndrome: A paroxysmal disorder of brain-gut interaction.

Journal of Paediatric Gastroenterology and Nutrition, 25, Supplement 1, S13-15.

Forbes, D. (1995).

Cyclical Vomiting Syndrome. Journal of Paediatric Child Health, 31, 67-69.

Gee, S. (1882).

On fitful or recurrent vomiting, St. Bartholomew's Hospital Reports. 18, 1-6.

Li, B U.K. & Balint, J., (2000).

Cyclic vomiting syndrome, the evolution of understanding of a brain-gut disorder.

In Louis A. Barnes (Ed.) Advances in Pediatrics.

St.Louis: Mosby Inc. 47, 117-160.

Medical References

Fleisher, D.R. (1994). *Cyclic Vomiting.*

In P.E. Hyman & C. DiLorenzo (Eds.), *Pediatric gastrointestinal motility disorders*, (pp. 89-103). New York: Academy

Professional Information Services.

