DOI 10.61409/A08250661 - Supplementary file 1: Grouped data from included studies

Reference	Symptoms	Diagnostic evaluation	Diagnostic outcomes	Rome criteria	Referrals, prescriptions and follow up
Gieteling et al 2011 [15]	Non specific abdominal pain Pain for which the physician does not suspect an organic pathologic cause	1.1% of the children had additional testing → No mentioning of which tests were used	Children were only included if diagnosed with: → generalized abdominal pain → other localized abdominal pain → irritable bowel syndrome	No mentioning of any use of Rome Criteria.	3% was referred to specialist care at first visit 21.3% was prescribed medication, most often laxatives 92.7% had only one or two consultations
Wallis et al. 2014 [16]	Abdominal pain without fever and no secondary diagnosis to explain the symptoms. No preceding visit regarding same symptom for the last 6 months	17% of the children had lab test → 3% led to diagnoses → 61% of the test were normal 14% of the children had radiology test → 66% was normal → 20% led to diagnosis of constipation	70% of the children never received a diagnosis. → only 12% had FGIDs mentioned as a differential diagnosis 30% received a diagnosis → Most common 1. Constipation 2. Functional AP 3. GERD	21% of the children who never received a diagnosis met one or more Rome criteria Diagnostic codes for FGIDs were never used	All children had a outcome visit 6-24 months after initial visit → 18% had persistent pain at outcome visit
Ansems et al. 2023 [17]	Non-acute abdominal pain and/or diarrhea >7 days or unknown duration	32.2% of the children had lab tests at their first visit: → blood test → urine samples	Diagnoses after one year: → 83.5% diagnosed with FGID. Of these 17.5% with IBS → 9.7% with organic disease primary practice manageable → 1% organic diseas2e with need of secondary care	No mentioning of any use of Rome Criteria.	12.8% was referred to secondary care after one year 34.5% was prescribed medicine: Mostly laxatives 1/4 children had a follow up consultation within 4 weeks.
Spee et al. 2013 [18]	Abdominal pain No preceding visit regarding same symptom for the last 3 months.	26.3% of the children get a diagnostic test. → 23% had blood test → 8.3% had radiology test No difference in diagnostic management was observed between those who ended up having GPFAP and those who did not.	89.2% got diagnosed with by the GP with functional abdominal pain (GPFAP). These diagnoses were included: → “epigastric pain” → “abdominal pain, localized other” → “constipation” → “irritable bowel syndrome (IBS)”	Use of Rome Criteria but with a different time frame (3 months) 50.6% fulfilled all aspects of the FGID criteria, including time criteria (2 months) → 38.5% IBS	10.1% was referred to specialist care.
Schurman et al. 2014 [19]	Recurrent or chronic abdominal pain (CAP)	>70% of PCPs* uses routinely → blood test → urine samples 1/4 of PCPs uses routinely → stool cultures → abdominal ultrasound → psychosocial evaluations/consultations	PCP’s would most often diagnose CAP as: → constipation (47%) → functional (27%) → stress/anxiety (17%)	58% of PCP’s did not consider themselves to be knowledgeable about the Rome criteria. 7% used the criteria in their practice. No clear consensus as how to define FGIDs among the PCP’s - Some don’t know the diagnosis it all.	No diagnostic or treatment technique was used by more than 75% of PCP’s 54% of PCP’s would make an GI referral >50% of PCP’s would use lifestyle changes, reassurance, positive coping and mental health professional referral as treatment technique