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GROWING PAINS IN CHILDREN

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ABSTRACT

Growing pains are often described as an ache or throb in the legs — often in the front of the thighs, the calves or behind the knees. Growing pains tend to affect both legs and occur at night. The duration of the pain is usually between 10 and 30 minutes, although it might range from minutes to hours. The degree of pain can be mild or very severe. Although these pains are called growing pains, there's no evidence that growth hurts. Usually will be treated with Growing pains .growth pain usually will not create long term impacts.

KEY WORDS

Growing pains, ache ,benign ,hypermobility

INTRODUCTION

The term "growing pains" refers to a benign (not dangerous) pattern of pain in the limbs. This pain usually occurs in children aged 2 to 12. These pains are the most common type of limb pain in children. Because these pains most often occur during years when the child's growth is not at its fastest rate, the pains are NOT associated with growing. The name was given in the 1930s to 1940s when the pains were thought to be from faster growth of the bones when compared to the growth of the tendons. Between 10% and 35% of children will have these pains at least once. These pains occur in both boys and girls but slightly more common in girls.

CAUSES OF GROWING PAINS

Bone growth hasn't been proved to cause pain. So "growing" pains might just be aches and discomfort from the jumping, climbing, and running that active kids do during the day. The pains can happen after a child has had a particularly athletic day.

Causes are unknown but a certain theory suggests that many children with these pains are very flexible (hypermobile) with flat feet. Some children with these pains have a low pain threshold and may also have headaches and abdominal pain. One study found that children with these pains have less bone strength than the normal population. Therefore, pain on a day of increased physical activity may mean the child may have pain from "overuse" of the legs.

THE SYMPTOMS OF GROWING PAINS

Growing pains are an aching, throbbing pain, usually on both sides of the body, mainly in the legs.

Growing pains occur mostly in the legs (shins, calves, behind the knees or thighs), and affect both sides of the body. The pain appears late in the day or at night, often awakening the child. By morning the child is well, with no pain or stiffness. Parents often report that they can predict when the pain will occur, often on days of increased physical activity or when the child is tired and grumpy.

The pain comes and goes, usually starting in the late afternoon or evening and gone by the morning. Some children also have headaches or abdominal aches in addition to growing pains.

Growing pains in legs

The shins, calves, back of the knees, and front of the thighs are the most common areas for growing pains.

Growing pains in knees

Growing pains in the knees will usually be behind the knee. The pain will rarely be in the joint itself, and the joint should look normal. If the joint hurts or is red, swollen, or warm, this can be a sign of juvenile idiopathic arthritis.

Growing pains in arm

If your child has growing pains in their arm, it will most likely be in both arms. They'll usually have leg pain in addition to arm pain.

Growing pains in back

While back pain is a common ailment for both adults and active children, the available literature regarding growing pains does not include pain in the back. Therefore, back pain in children may be a sign of another issue.

It could be poor posture or muscle strain, but it may also be a sign of a more serious underlying disorder, especially if the pain lasts for more than a few days or gets progressively worse. See your doctor if that is the case.

Growing pains always concentrate in the muscles rather than the joints. Most kids report pains in the front of their thighs, in the calves, or behind the knees. Joints affected by more serious diseases are swollen, red, tender, or warm — the joints of kids having growing pains look normal.

Although growing pains often strike in late afternoon or early evening before bed, pain can sometimes wake a sleeping child. The intensity of the pain varies from child to child, and most kids don't have the pains every day.

The duration of the pain is usually between 10 and 30 minutes, although it might range from minutes to hours. The degree of pain can be mild or very severe. Growing pains are intermittent, with pain-free intervals from days to months. In some children the pain can occur daily.

DIAGNOSIS AND TESTS

Growing pains are what doctors call a diagnosis of exclusion. This means that other conditions will be ruled out before a diagnosis of growing pains is made. This usually is done by taking a medical history and doing a physical exam. It is important to stress that these pains are almost always on both sides of the body and disappear by the morning. If the child has only one-sided pain that almost always occurs on the same side of the body and/or has pain or stiffness in the morning, an evaluation for an alternative diagnosis should be performed. In rare cases, blood tests and X-rays might be done before a doctor diagnoses growing pains.

Before diagnosing growing pains, the healthcare provider needs to rule out other potential causes for the pain. The diagnosis is made in children with typical symptoms after a normal physical examination. In some cases, there may be a need to perform laboratory tests and X-ray studies to exclude other diagnoses.

TREATMENT

Before initiating treatment, the health care provider should make sure that the child and his or her parents understand what the condition is and that the nature of the pains is not serious. During pain episodes, massaging the painful areas and/or giving mild pain medications (e.g., Tylenol ®, ibuprofen) may help. In children with very frequent episodes – especially children who awaken at night – an evening dose of a long-acting pain medication like naproxen may prevent or decrease the pain. Patients with flat feet may benefit from a shoe insert to increase the arch on the inner side of the foot.

CONCLUSION

While growing pains aren't usually related to illness, they can upset kids — and parents. Because the aches are usually gone in the morning, parents sometimes think that a child faked the pains. But this usually isn't true. Instead, offer support and reassurance that growing pains will pass as kids grow up.

REFERENCES:

1. Apley J. Clinical canutes: A philosophy of pediatrics. Proc Royal Soc Med. 1970;63:479–484. Bennie P. Growing pains. Arch Pediatr. 1894;11:10.
1. Brady M, Grey M. Growing pains: a myth or reality. J Pediatr Health Care. 1989;3:219–220. doi: 10.1016/0891-5245(89)90090-4.
2. Hawksley J. Race, Rheumatism and Growing Pains. Arch Dis Child. 1931;6:303–306.
3. Naish JM, Apley J. "Growing pains": a clinical study of non-arthritis limb pains in children. Arch Dis Child. 1951; 26:134–40
4. Oberklaid F, Amos D, Liu C, Jarman F, Sanson A, Prior M. "Growing Pains": clinical and behavioral correlates in a community sample. J DevBehavPediatr. 1997;18:102–6. doi:
5. Evans AM, Scutter SD. Prevalence of "growing pains" in young children. J Pediatr. 2004;145:255–8.