**Article Highlights**

***Research background***

Children and adolescents with inflammatory bowel disease regularly report fatigue as their most severe and distressing symptom. Fatigue is often attributed to active disease and anemia, but also in quiescent IBD, fatigue can trouble daily life.

***Research motivation***

The ultimate goal in IBD management is not only to reach disease remission, but also to counteract fatigue and decreased physical fitness

***Research objectives***

We aimed to systematically review the literature to identify factors that contribute to fatigue in children and adolescents with IBD.

***Research methods***

We performed an electronic search in Medline and EMBASE from their inception to May 2017 using the search term “fatigue” or the related keyword “physical impairment” AND “inflammatory bowel disease” with the filter “child” (age 0-18 years). Cross-sectional and case-control studies were included. We restricted our search to studies published in English. To identify further relevant studies, we checked the reference lists of the selected articles.

***Research results***

We ultimately identified eight papers that matched the search criteria. A lack of uniformity of outcome measures made the pooling of data impossible. In all but one study, questionnaires were used to evaluate fatigue. In the remaining study, an accelerometer was used to measure daily activities, sleeping time and their relationships with fatigue in a more quantifiable manner. Adolescents with IBD are significantly more fatigued than healthy controls. In addition to active disease, increased anxiety or depression and disturbed family relationships were frequently reported predictors of fatigue. Quantitative measurement of physical activity in patients with Crohn’s disease showed a reduction in the number of steps per day, and patients with ulcerative colitis had a shorter duration of physical activity during the day.

***Research conclusions***

Fatigue is a common problem in children and teenagers with IBD, and it is significantly more prevalent among young patients with IBD than in the healthy control population. It is multidimensional and caused by both physical and psychosocial factors. The most predictive factor seems to be disease activity. Health care providers need to pay attention to this problem because it is associated with reduced quality of life, increased sleeping problems and increased anxiety.

***Research perspectives***

The multifactorial nature of fatigue necessitates multilevel testing. Fatigue in pediatric IBD is related to a combination of biological, functional and behavioral factors, which should all be taken into account when managing fatigue.