

Nocturnal Enuresis

BACKGROUND

- Nocturnal enuresis is the involuntary voiding of urine at night at an age when the majority of children have achieved continence
- Affect 15% of 5 year olds and 5% of 10 year olds
- Improves with age
- Greatly affects self-esteem
- Children should be informed that bedwetting is not their fault

PREDISPOSING FACTORS

- Family history
- Sleep arousal issues
- Polyuria at night
- Constipation
- Obstructive sleep apnoea

EVIDENCE BASE

- Reward system and alarm has long-term benefit
- Desmopressin has proven short term benefit
- 50-75% respond to treatment
- Night-time lifting of the child to void has limited effectiveness
- Bladder training exercises do not reduce wetting frequency

REFERENCES

- NICE Clinical Guideline 111 October 2010: The management of bedwetting in children and young adults

HISTORY

- Pattern of enuresis
 - ✓ How many nights?
 - ✓ What time of night?
 - ✓ Trigger factors?
 - ✓ Ever had a dry night?
- Daytime urgency/incontinence
- Symptoms of UTI
- Constipation
- Fluid intake
- Sleep pattern

EXAMINATION

- Centiles
- Measure BP
- Palpate abdomen
- Examine back and spine
- Check ankle jerks
- Examine genital area

INVESTIGATIONS

- Urinalysis ± culture and microscopy

TREATMENT

- Ensure adequate daily fluid intake
- Avoid caffeine-based drinks
- 5-8 years old: Reward system
- > 8 years old: Enuresis alarm ± desmopressin

TAKE HOME MESSAGES

- Nocturnal enuresis is common and has an excellent prognosis
- Initial management with reward systems, motivation, reduced night-time fluids and diary keeping lead to improvement in most children
- Desmopressin is administered as a 120-240ug melt at night
- Anticholinergics may be used if unresponsive to desmopressin
- Avoid using tricyclics

REFERRAL

- Any RED FLAGS
- Daytime symptoms
- Failure to respond to treatment

RED FLAGS

- Weight loss
- Hypertension
- Spinal abnormalities e.g. sacral dimple, tuft of hair, naevi
- Abnormal neurological exam
- Abnormal genital exam
- Palpable bladder post voiding

DAYTIME SYMPTOMS

- If daytime symptoms present, focus on these first and consider:
 - ✓ Addition of oxybutinin
 - ✓ Renal/bladder US
 - ✓ Paediatric referral

RESPONSE TO TREATMENT

- If no response after 3 months:
 - ✓ Consider referral to paediatrician or nurse-led enuresis clinic

RECOMMENDED DAILY FLUID INTAKE

- 4-8 years
 - ✓ 1000-1400ml
- 9-13 years
 - ✓ 1200-2100ml (girls)
 - ✓ 1400-2300ml (boys)
- 14-18 years
 - ✓ 1400-2500ml (girls)
 - ✓ 2100-3200ml (boys)