Enuresis: Counselling & Management

Initial Management

1. **Determine if…**
   - ❑ **Both** child and parent see enuresis as problematic, and are **motivated** to participate in treatment
   - ❑ The child is **mature** enough to engage in and assume responsibility for treatment
2. **Treat co-existing conditions:**
   - ❑ **Constipation**, sleep disordered breathing, ADHD, underlying stressors, poor self-concept, psychologic
3. **Educate, emphasizing…**
   - ❑ **High prevalence** and generally **self-resolving** natural history
   - ❑ Child should **NOT** be punished for bedwetting
   - ❑ Usefulness of bed protection, absorbent undergarments, room deodorizers
   - ❑ Avoiding sugary and caffeinated beverages
4. **Establish goals and expectations:**
   - ❑ Determine family **priorities** (Reassurance? Staying dry for sleepovers? Decreasing # wet nights?)
   - ❑ May involve several methods, be prolonged, fail in short term, often relapses
   - ❑ **Slow, steady improvement** is more realistic

Personalized Calendar

Record:
- Daytime incontinence
- Enuresis events
- Encopresis
- Frequency & timing of bowel movements

- Helps to follow progress
- Parents should be cautious of implementing a reward system
- **AVOID** punishment and humiliation

Voiding Diary

Should record:

- **Time** of void
- **Volume** voided
- **Relationship** to events (meals, school recess, play activities, stress)
- Episodes of **urgency** or **incontinence**

Behavioural Therapy

Goal: **achieve good bladder and bowel habits**

- ✓ Encourage **frequent voids**
  - Introduce timed voiding **every 2 hours**, regardless of if child feels the need to void
  - Avoid holding urine, urgency, and incontinence
  - Ensure easy access to toilets at school & home
  - Always have child void immediately before sleep
- ✓ Encourage **daily bowel movements**
  - Establish a schedule at specific time of day such as after breakfast before leaving for school
  - PEG 3350 for constipation
- ✓ Consume **majority of fluids in morning** and afternoon, minimize after dinner
- ✓ Encourage **physical activity** and discourage prolonged sitting
- ✓ Requires supportive environment, child motivation, patience, and time (average 6 months)

Active Therapy

Similar outcomes, choose based on patient preference and fit with family

Pharmacologic Therapy

- **Desmopressin:**

Goal: optimize oral medication to **reduce production of urine overnight** (ADH analogue).

- ➢ Take medication **60 minutes** before bedtime
- ➢ **No fluid intake** 1 hour prior to and 8 hours after taking medication
- ➢ WATCH FOR: signs of symptomatic hyponatremia with water intoxication: discontinue if developing headache, nausea, vomiting.

Can be used **intermittently**, thus a good option for **special occasions** such as sleepovers and camps.

- **Anticholinergics and tricyclic agents** (second and third line): may be considered if other therapeutic options have failed.

Bed Alarms

Goal: teach child to awaken from sensation of a full bladder. Sensors attached to child's undergarments are connected to an **alarm** that **awakens the child at the moment of bed wetting**.

- ➢ Should be using **every night**
- ➢ Initially, child may not awaken from alarm, requiring parent to awaken child instead
- ➢ Child should then void in the **washroom**
- ➢ Return to sleep

- Most effective in children **>7 years old**
- Generally see **initial response in 1 – 2 months**
- **3 – 4 month** trial of continuous therapy is recommended
- Discontinue when dry for 14 consecutive nights, or if no improvement at one month
- Effective long term in **< 50%** of children
- **Recommend for older, motivated children from cooperative families**

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