



INITIAL MANAGEMENT

- 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
- Treat co-existing conditions:**
 - Constipation**, sleep disordered breathing, ADHD, underlying stressors, poor self-concept, psychologic
- 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
- 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

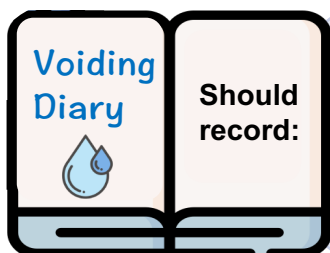


- Helps to follow progress
- Parents should be cautious of implementing a reward system
- AVOID** punishment and humiliation

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)



Should record:

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

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**

