

Nocturnal enuresis

History

- Ask re pattern ie how many nights/more than once per night/
- Daytime urgency/wetting?
- Whether prior dryness?

Background

Bedwetting affects 15% of 5 yo's and 5% of 10 yo's
Improves with age
Greatly affects self-esteem

Predisposing factors

Family history
Sleep arousal issues
Polyuria at night
constipation

Examination

- Centiles / growth
- BP measurement
- Examine the abdomen
- Examine lower back
- Check ankle jerks

Evidence Base

neither acupuncture or hypnotherapy proven to work

Lifting will not promote dryness

Reward system + alarm has longterm benefit

Desmopressin has proven short term benefit

50-75% respond to treatment

Investigations

- Urinalysis and c/s

Treatment

Ensure adequate daily fluid intake
Avoid caffeine-based drinks
5-8 yo – reward system
> **8 yo - Alarm**
or 120-240ug
desmopressin as melt

If also daytime symptoms

Focus on daytime wetting first and consider :
Addition of oxybutinin

Renal/bladder u/s

Paediatric referral

References

NICE CG 111
October 2010
(www.i-c-c-s.org)
www.bedwetting.ie
(for parents)

TAKE HOME MESSAGES

NE is common and has an excellent outlook
Reward systems+ motivation works
First line use of alarms +/- desmopressin in melt form if over 8 years of age
Avoid tricyclics in treatment

If no response after 3 months

•**Consider referral to paediatrician or nurse-led enuresis clinic**

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Further amendments following suggestions of QIP committee of ICGP . Secondary care denoted in pink

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