



Incidence:

There is a 15-20% incidence of bedwetting at five years of age. 15% of these enuretic children gain control each year, so that by age 15, only 1% are bedwetters.

Evaluation:

The evaluation of an enuretic child should include a simple urinalysis and physical examination, unless there are daytime urinary symptoms, a history of urinary tract infections, or problems with control of the bowels.

Etiology (Cause)

Until recently it had been thought that enuresis was associated with some type of sleep disorder. However, recent medical studies have shown that enuresis occurs during many different types of sleep. Further investigation now reveals that a significant percentage of enuretic children put out high amounts of urine during the night. Moreover, investigative studies done in Europe have related this to an abnormally low amount of antidiuretic hormone (A.D.H.). A.D.H. is a naturally occurring hormone secreted by the brain to regulate the fluid output. For some unknown reason, enuretic children put out lower amounts at night.

Treatment Alternatives:

1. Bladder retention training. Conscious attempts at bladder stretching by voluntarily increasing the intervals between voiding is associated with a 30% cure and 36% improvement in enuresis.
2. Motivational therapy. Use of reassurance, guilt removal, and emotional support by the parents is associated with a 25% cure rate.
3. Behavior modification (conditioning) therapy. Signal alarm devices that are electrically triggered when a child voids are associated with a 70% success rate for 4-6 months. However, there is a 30% recurrence rate. A small sensor is attached to the child's underwear and an alarm is attached to either the child's wrist or pajama collar. Two types of systems are Wet Stop and Nytone. Additional information and order sheets are available through our office (972-420-8500).
4. Pharmacological therapy. Imipramine/Tofranil (which is an antidepressant) has been shown to be successful 40% of the time in treating enuresis. The exact mechanism of action is unknown. There are occasional side effects of anxiety, insomnia, and adverse personality changes, all of which subside with lowering of the dose.
5. Antidiuretic hormone. Although there are no long term studies (longer than two years), the use of antidiuretic hormone in nasal spray form has been associated with a 70% cure rate. There are no significant side effects reported with the medicine. The drug has been in use for 20 years. Few adverse reactions include: infrequent incidences of headache, nausea, and mild abdominal cramps, which will disappear with lowering of the dose. Current recommendations are for treatment for six months with the medication followed by a tapering off of the dosage. It is recommended that one blood test be gotten within two weeks of starting the medication. The medication, while covered by most insurance companies, is extremely expensive. The cost is between \$100-200 per month for the start up, with a maintenance cost of \$50-100 per month.

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