10 MINUTE CLINIC PODCAST

BEDWETTING (NOCTURNAL ENURESIS)

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In this 10 minute clinic episode we look at nocturnal enuresis and its assessment, investigations and ways of treating it. We also discuss indications when referral may be required and conservative therapies.

Take-home points

- Nocturnal enuresis (bedwetting) is defined by the National Institute for Health and Care Excellence (NICE) guidelines as the involuntary wetting during sleep
- It is considered normal up to the age of 5 years, and is common up to the age of 10 years.
- It affects 5-10% of 7 -year-olds, 1-2% of adolescents and 0.5-1.0% of adults
- It may lead to social isolation, bullying and low self-esteem.
- In 1% of those affected, enuresis will persist into adulthood and if it does severe psychosocial problems may arise as a result
- Factors that predispose to persistent bedwetting include a family history, constipation, obesity, (it occurs in 1 in 3 children with obesity), behavioural disorder, and stresses such as parental separation or bullying.
- Urinalysis is not recommended unless bedwetting is of recent origin, if there are daytime symptoms, or symptoms suggest infection or diabetes mellitus
- The first-line management of children with primary nocturnal enuresis is usually carried out in primary care and consists of education, reassurance, and simple behavioural strategies.
- Once constipation and UTI have been excluded and treated, children with persistent daytime symptoms or secondary enuresis need referral to secondary care for further investigation.

- Alarm training is a first-line treatment for nocturnal enuresis and is the most effective long-term strategy
- Alarms are usually not suitable for children under the age of 7 years.
- The response to them should be assessed after four weeks, and stopped if there are no signs of any response.
- If there is a response, continue until a minimum of 14 dry nights have been achieved.
- Desmopressin should be offered first-line to children aged over 7 years where rapid control is needed
- Desmopressin should be given orally or sublingually for the treatment of children with nocturnal enuresis. Fluid intake should be restricted from an hour before taking the tablet, until eight hours afterwards
- If desmopressin is being used long-term, withdraw for one week every three months to see if dryness has been achieved.
- There is very little evidence that complementary and alternative therapies have any effect on bedwetting.

References and resources

Introduction | Bedwetting in under 19s | Guidance | NICE

Practical consensus guidelines for the management of enuresis - PubMed (nih.gov)

Home - ERIC

Nocturnal Enuresis - PubMed (nih.gov)

Nocturnal enuresis: non-pharmacological treatments - PubMed (nih.gov)