



Woman, Child and Family Service - Paediatrics
Tauranga Hospital
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Tauranga NEW ZEALAND

Re: Nocturnal enuresis

Primary nocturnal enuresis is a common problem in children, occurring in up to 15% of 5 year olds. The natural history is that this will resolve with only 1% affected at age >15.

Parents need to know that enuresis is not the child's fault. Children should not be punished for bedwetting.

There are a number of strategies that can be helpful.

1. Assess for coexistent constipation and treat if necessary.
2. Children should drink regularly, concentrating on increasing fluids in the morning and early afternoon and decreasing after dinner.
3. High sugar and caffeine drinks should be avoided in children with enuresis, particularly in the evening hours.
4. Children should attempt to void regularly during the day and just before going to bed.
5. The impact of bedwetting can be reduced by using bed protection and washable/disposable products. The continence nurse can help with access to a variety of products.

Once children are able to accept some responsibility, then motivational therapy can be useful. This should be based on an agreed behaviour such as going to the toilet before bedtime, rather than dryness. Penalties are counterproductive. Star charts are useful. Motivated children may benefit from a bell and pad alarm which can be accessed through the continence nurse.

Oral desmopressin can be used for special occasions such as camp or sleep overs. It works best for children with nocturnal polyuria and normal functional bladder capacity. It has a high relapse rate, so is not a long term treatment. Desmopressin is not effective for all children, so we recommend a trial run before the big event. This trial should take place at least six weeks before camp in order to titrate the dose and make sure that it is effective.

Desmopressin is administered in the late evening to reduce urine production during sleep. It is given orally. The intranasal formulation was associated with an increased risk of hyponatraemic seizures and is no longer indicated for the treatment of enuresis. Tablets are given one hour before bedtime.

The major side effect of Desmopressin is dilutional hyponatremia, which occurs when excessive fluids are taken in the evening. To prevent this, it is recommended that fluids be limited in the evening and children should wait to drink in the morning until after they have urinated. It is important that treatment with Desmopressin is stopped if there is fluid or electrolyte imbalance such as occurs with fever, vomiting, diarrhoea or vigorous exercise.

Reliable information about Children's Health is available at: www.kidshealth.org.nz developed by NZ Health Professionals. Reviewed and endorsed by the NZ Paediatric Society.

It is our experience that most families when counselled about desmopressin choose not to use it. We are happy to see families who want to consider it, so please re-refer if this is the case.

Ngā mihi

Yours sincerely

(electronically reviewed)

Paediatric Team