# Nocturnal enuresis

Nocturnal enuresis, or bedwetting, is a common condition in the Australian community. Despite it usually being benign and self-resolving, it can lead to significant embarrassment and shame for the child. Bedwetting has a strong genetic predisposition. While nocturnal enuresis is a common presentation to general practice, most registrars are likely to be unfamiliar with assessment and management.

| TEACHING AND LEARNING AREAS | • Physiology of bladder function<br>• Definition of primary and secondary enuresis<br>• Clinical assessment, including key features and red flags on history and examination<br>• Appropriate investigations<br>• Treatment options, including pharmacotherapy<br>• Indications for referral and local pathways |
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| PRE- SESSION ACTIVITIES | • Read the 2014 Australian Prescriber article Paediatric urinary incontinence |
| TEACHING TIPS AND TRAPS | • Enuresis is a common condition and has a high rate of spontaneous resolution<br>• There is significant age variation in attaining night-time continence – at 4 years of age, nearly 1 in 3 children wet the bed, but this falls to about 1 in 10 by age 6<br>• Fluids should not be restricted<br>• Constipation, if present, should be adequately managed<br>• Treatment for nocturnal enuresis is typically not started before 6 years of age<br>• Alarm therapy is the most effective treatment modality available in children older than 6 years of age, but requires motivation of both child and parent |

| RESOURCES | Read | • RCH Clinical practice guidelines on Enuresis<br>• 2005 MJA paper Bedwetting and toileting problems in children |
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| | Listen | • ABC Life Matters Bedwetting – solving an age old problem |
| | Watch | • Video on nocturnal enuresis |

| FOLLOW UP & EXTENSION ACTIVITIES | • Registrar to undertake the clinical reasoning challenge and discuss with supervisor |
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## Clinical Reasoning Challenge

Olive is a 5½ year old girl who has been brought in by her mother Hannah. Hannah is very concerned that Olive wets the bed every night and has 'never been dry' overnight. Olive has no known significant past medical problems and is on no medications.

QUESTION 1.    What are the MOST IMPORTANT features on history to exclude a secondary cause of Olive's bedwetting?
List up to FIVE features

1 _____

2 _____

3 _____

4 _____

5 _____

QUESTION 2.    Further history is unremarkable, and examination is entirely normal. What is the MOST LIKELY diagnosis?
Write ONE diagnosis.

_____

QUESTION 3.    What are the MOST IMPORTANT initial management steps for Olive's condition?
List up to THREE management steps

1 _____

2 _____

3 _____

## ANSWERS

QUESTION 1

What are the MOST IMPORTANT features on history to exclude a secondary cause of Olive's bedwetting?

- Lower urinary tract symptoms - dysuria/frequency
- Abdominal pain
- Constipation/soiling
- Daytime wetting
- Polydipsia
- Failure to thrive

QUESTION 2

Further history is unremarkable, and examination is entirely normal. What is the MOST LIKELY diagnosis?

- Primary monosymptomatic nocturnal enuresis

QUESTION 3

What are the MOST IMPORTANT initial management steps for Olive's condition?

- Reassurance that it is a common condition and likely to resolve spontaneously
- Encourage regular toileting and especially before bed
- Normal fluid intake
- Consideration of a pad and bell alarm