



ENURESIS: PSYCHOTHERAPEUTIC TREATMENTS

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The **most important reason** for **treating** enuresis is:

- Minimizing the **embarrassment & anxiety** of the child
- Minimizing the **frustration** of the parents.
- Most feel very much **alone** with their problem.
- They benefit from a **caring & patient** parental **attitude**
- **Family members** with a **history of enuresis** should **share** their experiences with the child.



- Surveys indicate that up to **1/3** of parents **punish** their child for wetting the bed
- Sometimes the punishment is **physically abusive**
- **Punishment has no role in care!**

Educate parents about:

- The **nonvolitional nature** of the symptom
- High **spontaneous cure** rate



- Treatment may be **prolonged**
- May **fail** in the **short term**
- Often associated with **relapses**
- **Take months** to achieve **successful results**
- **Success** rate for **behavioral** intervention is **75%**
- No success or a relapse does not preclude **successful subsequent treatment**



- Use of **diapers** is generally **discouraged**
- Can **interfere** with **motivation** for **getting up** at night
- **Exceptions** can be made when the child is **sleeping away** from home

In **younger** children :

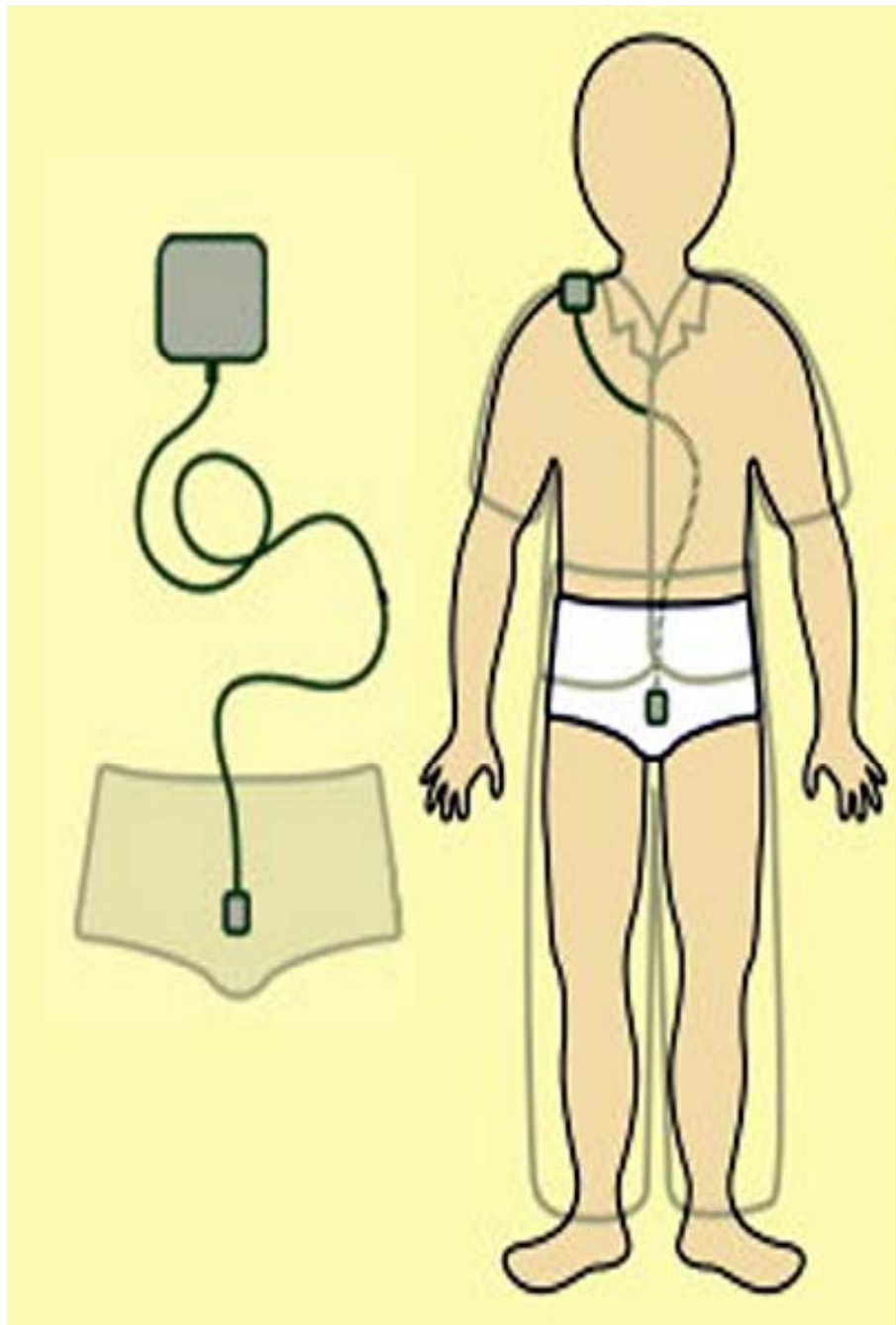
- If a period without nappies **does not work out**
- Go back to **nappies** for a while
- Try again at a **later** date.



□ Bell & Pad Method of conditioning:

- Is suggested when the child has **frequent** enuresis (more than **twice per week**)
- May be helpful for children who **wet** the bed **only once** per night
- The **first drops of urine** moisten the fabric separating two electrodes, **completing the circuit**
- Setting off the **alarm** (*audio alarm, vibration alarm*)
- Gradually the child **awakens earlier & earlier**
- Wet spot **diminishes** in size
- Gradually the **sensation** of **bladder fullness** awakens the child (*before wetting!*)

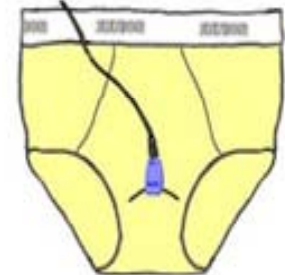




Alarm unit



Clip type sensor



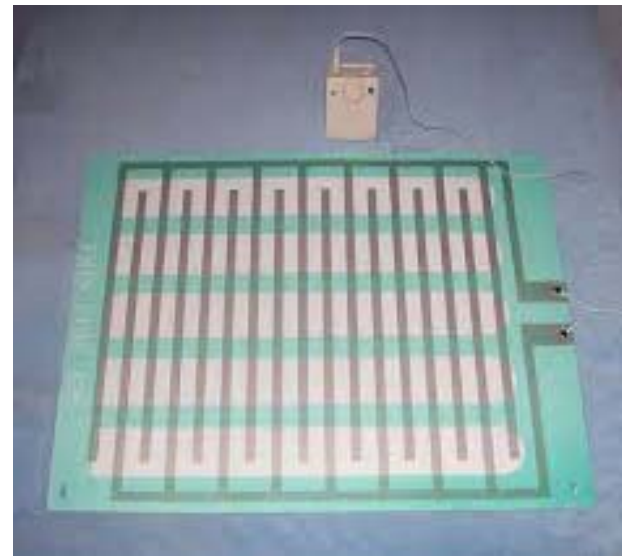
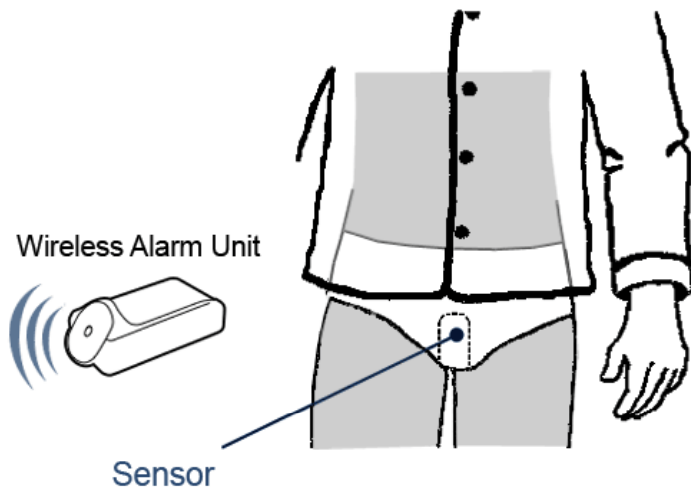
Rubber pad type Sensor

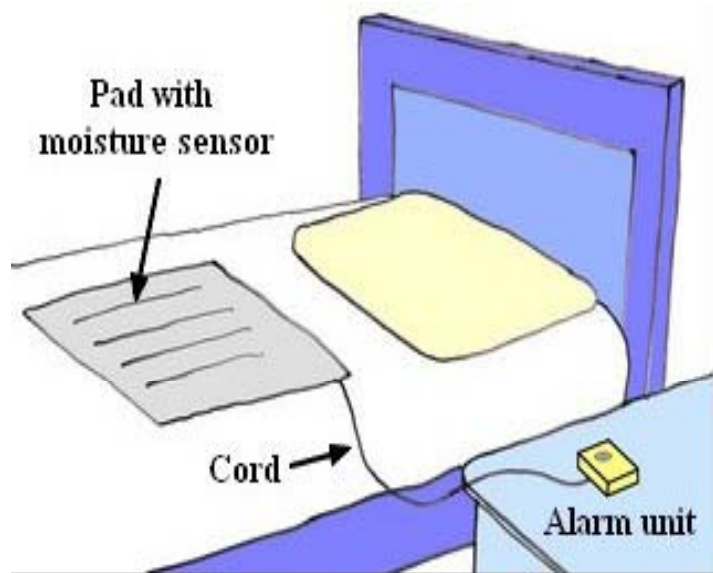


Cord

Sensor

Bedwetting enuresis Alarm
Sweet sleep





- Few children **awaken** easily in the initial stages
- The child has to be **fully awake & cognizant** of what is happening
- Is **critical** to the success

- **Most** children **do not awaken** to the alarm
- But they often **stop emptying** the **bladder**.



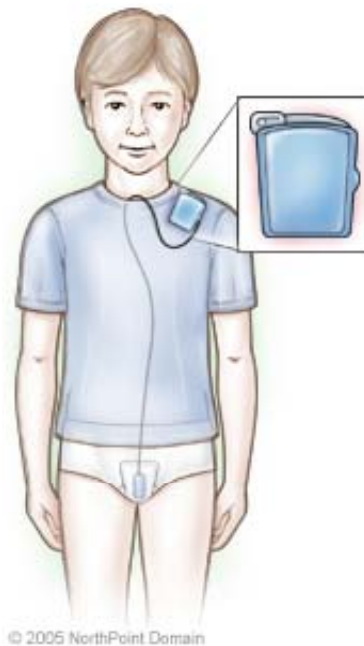
The sequence is as follows:

1. The child **turns off** the alarm (only the **child** should turn off the alarm)
 2. **Gets up** & finishes **voiding** in the **toilet**
 3. **Changes** the **underwear** & **pajamas**
 4. Returns to the **bedroom** & changes the **bedding**
 5. **Wipes down** the sensor with a **wet** cloth & then a **dry** cloth (or replaces it)
 6. **Resets** the **alarm** and returns to **sleep**
- **Parents** should **supervise** the sequences



Each night before going to sleep:

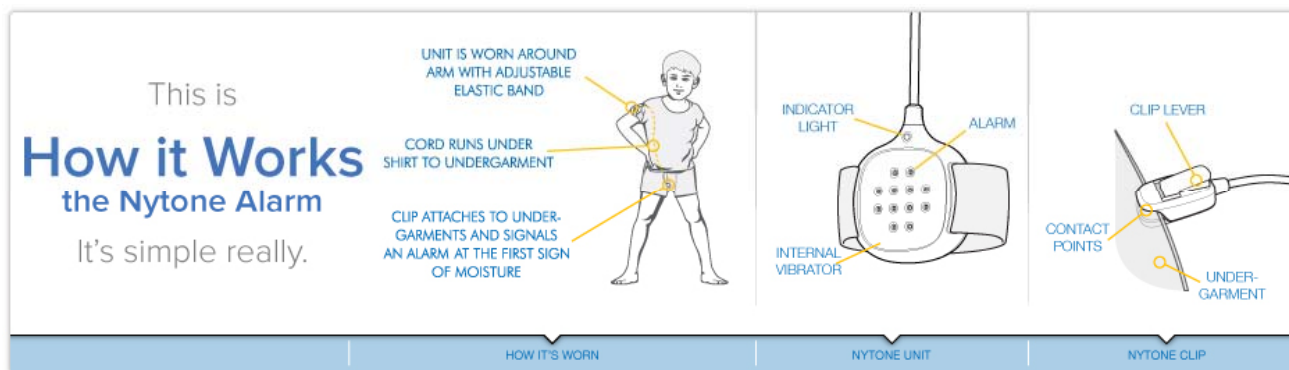
- The child should **test** the alarm
- **Imagine** the sequence of **events** that occur when the **alarm** sounds in **mind**



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- Continued **3 months**
- **Still wet** after **3 months** of use: Considered **unsuccessful!**
- If **fewer wet nights**, alarm therapy should be **continued**
- **&1 month** after **dryness**
- Use the alarm **every other day** before **discontinuing**
- Failure **does not preclude future successful** treatment
- Show **rapid secondary response** due to **preconditioning**



- **65%** success rate
- **1/3** remained **dry** at **6-month** follow-up
- **Increase** in **bladder capacity** is reported
- Thus **daytime wetting** can be **improved**
- **2/3** relapse rate

There appear to be **2 subgroups** of responders:

- Those who **wake up spontaneously** to go to the bathroom
- Those who **sleep** through the night **without wetting**



- **First** try the **bell-and-pad method**
- Most **cost-effective** treatment
- **As effective** as the **pharmacological** approaches
- More **likely** to have **sustained improvement** after the cessation of it
- May not be practical if **the bedroom** is shared with **other children!**



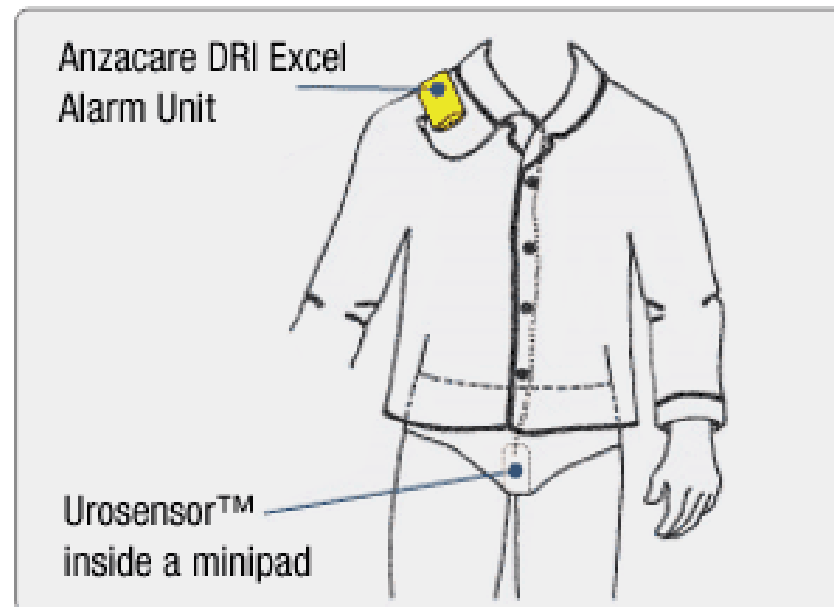
30% **discontinue** alarms for various reasons:

- Disturbance of other family members
- Failure to wake the child
- False alarms
- Alarm failure
- Difficulty using the alarm
- Skin irritation



One **large population-based investigation** revealed:

- Only **38%** of enuretic children saw a **physician**
- Whereas more than **1/3** received **pharmacological** treatment
- Of that number only **3%** were treated with the **bell-and-pad** method



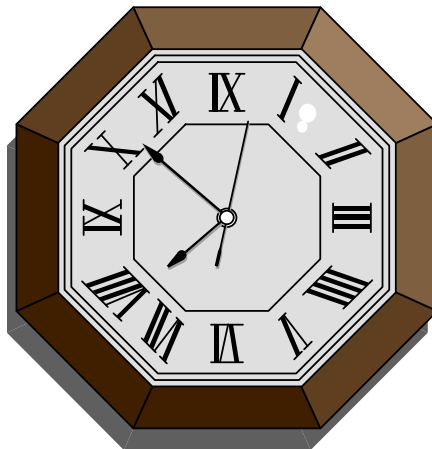
□ Ultrasonic Monitor

- A small **ultrasonic** monitor mounted to an elastic **abdominal belt**
- **Signals** the alarm when bladder **capacity** is reaching a predetermined **threshold**
- Results were **comparable** with the **bell & pad technique**
- **Increases** in **nighttime bladder capacity** also were noted



□ Alarm Clock

- Does not require an episode of **bedwetting** to initiate a conditioning response
- Timed to **go off** after **2-3 hours** of sleep
(when *maximum bladder capacity* would be expected)
- Responses were **equal** to results with the **bell-and-pad method**
- To condition **older** children to wake to void



Lifting

- To wake children up to take them to the toilet several hours after sleep.
- It may keep the bed dry
- but do not teach the child to wake to the sensation of a full bladder
- If the child is given sound sleeping ability, this does not lead to significant sleep disruption.

In trials it was associated with:

- Fewer wet nights, higher cure rates & lower relapse rates than no treatment



□ Bladder Training

- Daily *stretching* by *retaining* urine
- To **increase** the functional bladder **capacity**
- Is reported to be **effective**
- A *systematic review* found **insufficient evidence**
- *Not to void despite considerable urgency is unpleasant!*



Bladder Biofeedback

- Those who are **refractory** to other forms of **treatment**
- Have **small** bladder **capacities**
- Have evidence of an **unstable detrusor**
- **Increase** in bladder **capacity** is reported with biofeedback



Evening fluid restriction

- Maintain optimal hydration throughout the entire day
- 40% in the morning (7 a.m. to 12 a.m.)
- 40% in the afternoon (12 a.m. to 5 p.m.)
- 20% in the evening (after 5 p.m.)
- Encourage to go to the toilet regularly during the day
- Most children urinate 4 to 7 times a day.
- Coffee, tea, chocolate, & sodas, & carbonated beverages containing caffeine can irritate the bladder & should be avoided



- Make **sure** your child **goes** to the **toilet** just **before** bedtime.
- Make **sure** that your child has **easy access** to the toilet at night
- If a **bunk bed** they should sleep on the **bottom**.
- A **light** on in the **bathroom**
- A **child's seat** on the **toilet**
- If does **wake** in the night then **encourage** him/er to go to the **toilet**



Reward Systems

- Reinforcing positive change is critical
- The goal is not a complete dry night
- Most children who wet the bed have no control over their wetting

Goals could be:

- Going to the toilet before going to bed
- Getting up & telling the parents they are wet
- Helping to remake the bed
- Goal of a dry night when the situation is improving



Star Chart

- A calendar with a space for each day
- A sticky star on each day following a good night
- If the goal wasn't achieved the day is left blank
- A reward for a number of stars
- Larger rewards, are given for longer compliance
- No penalties
(i.e., removal of previously gained rewards), is counterproductive!



Impacts of bedwetting can be reduced by:

- **Washable/disposable** products
- Using room **deodorizers**
- **Washing** the child before **dressing**
- Using **emollients** to prevent **chafing**



Complementary & alternative therapies

- *Hypnosis, psychotherapy, & acupuncture*
- Found **limited evidence**



❑ **The National Institute for Health & Care Excellence recommend against:**

- *Interuption of urinary stream*
- *Infrequent passing of urine during the day*

