What Do We Know About Childhood Nocturnal Enuresis?

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Primary nocturnal enuresis refers to persistent bedwetting beyond the age of five years. It is a common problem. Its exact causation is unknown but is believed to involve bladder dysfunction, nocturnal polyuria and impaired sleep arousal. Most resolve spontaneously with age. However, children with PNE may have psycho-behavioural problems and their parents experience greater stress. Treatment should be individualised depending on patient and family preference, presence of daytime symptoms or nocturnal polyuria. Recent meta-analysis suggested that alarm therapy, if properly used, has the best long term success. Desmopressin given intranasally or orally provides good symptomatic relief, giving it a role in gaining initial confidence of the family, ensuring dry nights when sleeping out, or when alarms therapy is not successful or contraindicated, or perhaps for those with nocturnal polyuria. Tricyclic antidepressants are as effective as desmopressin but best avoided because of potential risk of fatal poisoning to patients and siblings. (HK J Paediatr (new series) 2002;7:39-45)

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