The value of case history and early treatment data as predictors of enuresis alarm therapy response

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What we know already

- Enuresis alarm is a first-line treatment for nocturnal enuresis
- It can be highly effective and is considered more likely to lead to permanent improvements than pharmacological therapy
- However, alarms have several drawbacks:
  - Must be used for 6–8 weeks
  - Involve significant disruption to families
  - Adherence can be suboptimal
  - There is a lack of known predictors of treatment success

Aims of this study:

- This study aimed to look for readily available predictors of response and adherence to alarm treatment in a real-life sample

Type of study and methods:

- This was a Swedish multi-centre study of children with enuresis from 9 paediatric outpatient wards
- Children used a body-worn alarm every night for 8 weeks or until 14 consecutive dry nights were achieved; wirelessly attached to an app that recorded enuresis episodes
- Potential predictors investigated included: age, sex, usual enuresis frequency, perceived arousal thresholds, urgency, daytime incontinence, previous therapy, enuresis latency

Findings:

- 196 children were included, aged 5–17y (average 8.3y) and 75% were boys
  - Full responders: 18.4%, Partial responders: 20.4%, Nonresponders: 22.4%, Dropouts: 38.8%
- There were no clear baseline predictors of response or adherence
- Those with a reduced enuresis frequency by week 2 or 3 were significantly more likely to be responders
- Those who dropped out were already more non-adherent to therapy by week 2

Conclusions and clinical implications:

- Early indicators of adherence and treatment response during alarm treatment predict treatment success
- It is suggested that alarm treatment should be reassessed after one month and only those with a high chance of success should continue
- This may reduce unnecessary frustration for families of therapy-resistant children