What can I do as a healthcare professional?

Bedwetting is a common medical condition and it can and should be treated.[1]

Children wet their beds for different reasons, and require different approaches to become dry.[2]

Patients may struggle to receive optimal care when bedwetting first becomes an issue. Prompt intervention and (if needed) referal are important to successfully manage bedwetting.[3,4]

Message to your patients and their parents:

"You should not delay seeking treatment for bedwetting in children.
You can easily reach your doctor to find a solution."

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FERRING PHARMACEUTICALS

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PRIMARY CARE

There are options available to manage and treat bedwetting.

A doctor or nurse will be able to ensure that a child gets the right assessment and discuss the available treatment options.[3]

FLOWCHART FOR MANAGING A CHILD ≥5 YEARS IDENTIFIED WITH ENURESIS[3,5]

Screen for bladder dysfunction

Leakage of urine during the day:	Yes	No
• Drops of urine in the underpants		
— before voiding		
— after voiding		
• Very wet underpants		
• Frequency of leakage (episodes/day)		
• Intermittent or continuous leakage every day		
• History of daytime incontinence over 3.5 years of age		
Urinary frequency (≥8 voids/day)		
Infrequent voiding (<3 voids/day)		
Sudden and urgent need to urinate		
Holding manoeuvres (for example, leg crossing, pressing heel into perineum)		
Needs to push in order to urinate (strained abdominal muscles to pass urine)		
Interrupted urinary stream, or several voids one after the other		
History of urinary tract infection		
Illness and/or malformation:		
• of kidneys and/or urinary tract		
• of spinal cord		

Adapted from Vande Walle J et al. 2017 [3]

Any 'Yes' answer

Suggests nonmonosymptomatic nocturnal enuresis

↓

Constipation?

↓ YES ↓ NO

↓ YES

Advise on food & fluid intake

→ Not resolved → **REFER TO SPECIALIZED CARE**

Constipation & overactive bladder resolved but not enuresis ↓

All 'No' answers

Suggests monosymptomatic nocturnal enuresis

↓

Advise parent(s) to use diary to assess bladder capacity and/or detect polyuria.

↓ Nocturnal polyuria

↓ Small maximum voided volume & sleep issues

Offer desmopressin as first line for polyuria. Offer alarm for small MVV and sleep issues. Use combination treatment if both present

↓

Responsive to treatment?

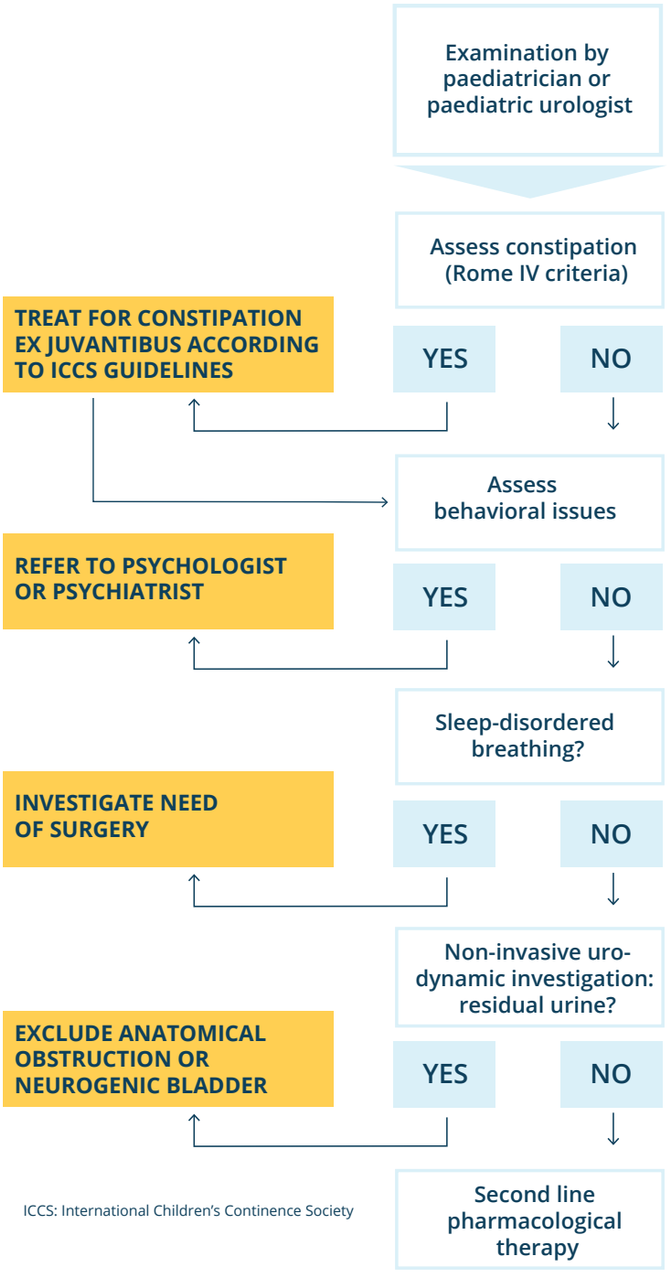
↓ YES → **Continue regular reviews**

↓ NO → **REFER TO SPECIALIZED CARE**

Secondary care

Children with enuresis who have not responded to treatment need to be examined by a physician, usually a paediatrician or a paediatric urologist.[5]

Flowchart for managing a child not responding to enuresis treatment[5]



ICCS: International Children's Continence Society

Anticholinergic treatment
(only oxybutynin available for label use in children)
Antidepressant treatment

A voiding chart needs to be completed. If nocturnal polyuria is identified as a result of the voiding chart, consider desmopressin.[5]

Your advice during the day can help your patients during the night

- Reassure parents that they are not alone. Bedwetting is common, and can be treated.[5]
- Whatever the choice of treatment, healthcare professionals should recognise that enuresis can be a heavy burden for families and offer basic advice on how to manage it.[3]

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