Management of Bedwetting (Nocturnal Enuresis) in children and young people.

Is it new onset? i.e. previously dry for 6 months

YES → If new onset (= secondary enuresis) consider bladder dysfunction, UTI, diabetes or psychosocial factors.
Treat any triggers such as constipation or UTI
Consider referral to Paediatrics (particularly if red flags)
Only perform urinalysis if suspect UTI or Diabetes

NO → Are there any red flags?

YES → Explore psychosocial situation – are there any triggers?
Give general advice:
- Don’t restrict fluid intake
- Avoid drinks after 6pm
- Avoid caffeinated drinks
- Regular toileting during the day
- Suggest reward chart for those who have some dry nights

NO → Are there associated daytime symptoms or red flags?

YES → Are there associated comorbidities which may be contributing e.g. constipation, diabetes, developmental, behavioural problems or family difficulties

NO → Explore psychosocial situation – are there any triggers?
Give general advice:
- Don’t restrict fluid intake
- Avoid drinks after 6pm
- Avoid caffeinated drinks
- Regular toileting during the day
- Suggest reward chart for those who have some dry nights

NO IMPROVEMENT → Consider referral to Paediatrics (box 3) or local enuresis clinic (box 2). Consider alarm or desmopressin (box 1)

Red flags

In the history:
- Daytime and night symptoms
  - Frequency, urgency, wetting,
- Poor stream
- Dysuria
- Recurrent UTIs – see UTI guidance
- Safeguarding concerns
- Any known neurological problems

On examination:
- Abdominal mass
- Abnormal spine/neurology

There may be underlying pathology: consider discussion with same/next day consultant advice service (box 3) +/- referral to Paediatrics (box 2)

TOP TIPS

- Nocturnal enuresis is common: 20% 4-5 y.o’s wet bed 1-2/wk, 9% of 9 y.o’s
- Explore background and family history
- Treatment should be holistic
- Child should encouraged, not “blamed”
- Waking and lifting at night are often not effective long term
- Reward systems work – reward behaviour, not only dryness e.g. drinking enough
- Explore reasons why treatments may not be working such as sleeping arrangements, impact of bedwetting on other members of the family

Box 1.
Nocturnal alarm
- 1st line treatment if no response to other measures (see www.eric.co.uk for advice re alarms)

Desmopressin:
- 2nd line if no response to other measures/alarm or
- 1st line where rapid control is needed or an alarm is inappropriate
- If used following a trial with the alarm, desmopressin may be used initially with the alarm
- Route: orally or sublingually
- Assess success after four weeks and continue for three months if there is some response.
- Desmopressin can be given 1-2 hours before bedtime in resistant cases (same rules about fluid restriction).
- If desmopressin is being used long-term, withdraw for one week every three months to see if dryness has been achieved.

Box 2.
1. General paediatrics:
KCH: via Choose and Book
Evelina: Letter to General Paediatrics by:
- Post: Sky Level 6, Evelina Children’s Hospital
- Fax: 020 7188 4612, or Tel: 02071884783
- Email: general.paediatrics@nhs.net

OR
2. Referral to Community Services (incl enuresis clinic)
Lambeth: Mary Sheridan Centre Southwark: Sunshine House
Link to access referral form/contacts:

7188 4683 for queries
OR
Enuresis Alarm dispensing Clinic (sunshine house or MSC)

3. For same/next day Paediatric advice from Paediatric consultant:
- Evelina: Phone: 07557 159092 (11am-7pm weekdays)
- Evelina: Email: general.paediatrics@nhs.net
(answer within 24hrs on weekdays)
- KCH: Phone: 02032996613 (option 3), (8.30am – midnight weekdays, 8.30am - 8pm weekend)
- KCH: Email: general.paediatrics@nhs.net

For further information please refer to full NICE guidance (CG111) http://guidance.nice.org.uk.CG111 or www.eric.co.uk

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