Improving treatment outcomes for children with bedwetting
Matching treatment to assessment outcome

ASSESSMENT – to try to determine underlying pathology

NICE Bedwetting Quality Standard 2: All children with bedwetting should undergo a comprehensive assessment

Findings from history	Possible interpretation
Large wet patches within a few hours of sleep	Typical pattern of bedwetting due to nocturnal polyuria (lack of vasopressin).
Wetting more than once, with variable size wet patches	Typical pattern of bedwetting due to possible underlying bladder storage problem such as overactive bladder.
Bedwetting more than four nights a week	Classed as severe bedwetting which is less likely to resolve spontaneously
Bedwetting after a period of more than 6 months of dry nights	Bedwetting is defined as secondary
Day time symptoms including : Frequency, urgency, abdominal straining, poor urinary stream, daytime wetting, history of UTI	Any of these may indicate an underlying bladder disorder, such as overactive bladder (OAB) or dysfunctional voiding. These warrant further assessment and appropriate intervention
Constipation	A common co morbidity that can cause bedwetting and requires treatment (see https://www.nice.org.uk/guidance/cg99 NICE constipation in children)
Soiling	Soiling usually indicates underlying constipation with faecal impaction
Inappropriate fluid intake including: * Inadequate fluid intake * Consumption of fizzy/caffeinated drinks * High fluid intake late in the day	Inadequate fluid intake may mask an underlying bladder problem such as OAB and may affect the development of an adequate bladder capacity. Fizzy and caffeinated drinks may irritate the bladder A high fluid intake later in the day can contribute to bedwetting.
Behavioural and emotional problems	These may be a cause, or a consequence of bedwetting. Treatment should be tailored to the needs and preferences of the child or young person and family.
Practical issues	Easy access to a toilet at night, sharing a bedroom or bed, and proximity of parents to provide support should be considered when considering treatment options, especially with an alarm.
Family issues, including parental intolerance	A difficult or 'stressful' environment may be a trigger for bedwetting. These factors should be addressed alongside the management of bedwetting

TREATMENT - Tailor to underlying pathophysiology

NICE Bedwetting Quality Standard 4: Children and young people who are bedwetting receive the treatment agreed in their initial treatment plan

The choice of first line treatment (either desmopressin or alarm) should be informed by the initial assessment, and should take into account the preferences of the child and their parents or carers. Factors such as age, associated functional difficulties and disabilities, financial burdens and living situations may affect preferences. Refer to the BNF for Children full prescribing information for Desmopressin and to manufacturers information about alarm use.

Presenting symptom	**Suggested treatment**
Evidence of constipation	Initiate treatment according to NICE guidance (see https://www.nice.org.uk/guidance/cg99)
Day time bladder symptoms, including frequency (> x 7 voids per day) or urgency suggestive of an overactive bladder (OAB)	Initiate bladder training programme and consider introducing anticholinergics (e,g, oxybutynin – Lyrinel XL) if necessary and family and child agreeable
Normal night time urine output / no day time bladder symptoms / expected bladder capacity for age using formula: (Age +1) x 30 = Maximum voided volume in mls	Consider either alarm or desmopressin (DesmoMelt) as first line treatment, taking into account child's age / motivation / previous experiences / parental expectations and child and family situation and preferences
Nocturnal Polyuria (indicated by wetting large volumes usually within a few hours of going to sleep)	Consider Desmopressin (DesmoMelt) as first line treatment
Small bladder capacity / apparent high arousability / good motivation and good family support	Consider alarm as first line treatment, taking into account child's age and motivation and family situation and child and family preferences
If single first line treatment fails consider the following: • Nocturnal polyuria with small daytime voided volumes (small bladder) / high arousal threshold • Nocturnal polyuria with suspected nocturnal OAB • OAB / small voided volumes / high arousal threshold	Desmopressin (DesmoMelt) plus alarm Desmopressin (Desmomelt) plus anticholinergic Anticholinergic plus alarm

Please also refer to NICE Bedwetting Guidelines and treatment Pathway
http://pathways.nice.org.uk/pathways/bedwetting-nocturnal-enuresis-in-children-and-young-people

Bedwetting in Children and Young People Quality Standard 70 (NICE September 2014) https://www.nice.org.uk/Guidance/QS70

For more information about Bladder & Bowel UK and bedwetting visit www.bbuk.org.uk or contact our helpline via the web form at https://www.bbuk.org.uk/helpline-enquiries/ or telephone 0161 214 4591