Enuresis treatment options:

information for healthcare professionals

If explanations and initial advice do not result in a resolution of enuresis, proactive treatment options should be offered. The two first-line options are an enuresis alarm or desmopressin. How they work and the possible benefits and disadvantages should be explained.

As it is difficult to predict which treatment is most likely to be successful in different individuals, the child and family should be supported to decide which to try first.

Enuresis Alarm

There are different alarms available but all work on the same principle of waking the individual as soon as a sensor detects moisture. Most use sound as the arousal mechanism. Some also have options for vibrations and light.

How the alarms work is not fully understood, and there are currently no predictors for who is most likely to be successful with the alarm. However, they are likely to be most effective in those who are motivated, supported and who are wet at least two nights a week when treatment starts and who use the alarm every night.

Most who become dry with an alarm will exhibit some signs of improvement in the first four weeks of treatment. These include learning to wake to the alarm, there is increasing time between going to sleep and the alarm sounding, managing to pass some urine in the toilet, smaller wet patches.

Some key points to note:

- Alarms should not be used where there are safeguarding concerns. Disturbance of parental sleep due to the alarm may exacerbate negative behaviours towards the child, increasing the likelihood of significant harm.
- If there is no progress or poor adherence in the first four weeks of treatment it is unlikely to result in dryness and should be discontinued until a later date.
- If there is improvement with the alarm, it should be continued until there have been 28 consecutive dry nights, or there have been no further improvements after two to three months of continued use.
- Those who become dry with an alarm are more likely to remain dry, although relapse can be treated with further use of the alarm.

Instructions for how to use the alarm and further information is available in the Bladder & Bowel UK leaflet for families: Using alarms as a treatment for bedwetting.

Desmopressin

Desmopressin is a synthetic form of the hormone vasopressin. It works by increasing water reabsorption in the renal tubules, thereby reducing urine output. It is a treatment for nocturnal polyuria.

Desmopressin is licensed in children from age 5 and is available as a liquid, oral lyophilisate (melt) and a tablet. The dose for each formulation varies due to differences in bioavailability.

Desmopressin is given up to an hour before bedtime. Response can be immediate, but should be continued for at least one to two weeks in those who are not fully responsive to gauge whether it should be continued.

Each formulation of desmopressin has two dose options. It is usual to start with the lower dose. If there is wetting in the first week of taking the desmopressin the dose may be doubled, in line with licensing and doses outlined in the British National Formulary for Children. Where there is improvement Desmopressin may be continued for up to 12 weeks and there must then be a one week break from treatment. If nights during the week off treatment are dry it does not need to be resumed. However, if there is wetting desmopressin may be recommenced for further 12 week intervals.

Some key points to note:

- Fluid intake MUST be restricted from one hour prior to taking desmopressin until 8 hours after it has been taken. This is to prevent hyponatremia which may result if there is excess fluid intake.
- Desmopressin must NOT be used if there is concern over the ability to adhere to the fluid restriction.
- Desmopressin must NOT be given on any nights where the recipient has diarrhoea, vomiting or a raised temperature.
- There are few side-effects, including hyponatremia (more likely if fluid restriction is not adhered to), nausea, abdominal pain, emotional changes and vomiting.
- Consideration should be given to which formulation is most appropriate for the individual. Most children are familiar with liquid medications and find them easy to take. Only a small volume of this is required. The oral lyophilisate, although unfamiliar, is also easy to take and dissolves rapidly. The tablet requires water to swallow it, which may impact on the fluid restriction required with desmopressin, as well as with bladder filling. Many children find tablets difficult to swallow.

There is more information about desmopressin for healthcare professionals in the Bladder & Bowel UK leaflet All about desmopressin for healthcare professionals. Bladder & Bowel UK information for families can be found in the leaflet Understanding desmopressin – for parents and carers.

Further information

Find more information about bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the Bladder & Bowel UK confidential helpline (0161 214 4591).

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