

**ARNAS** G.Brotzu Azienda di Rilievo Nazionale ed Alta Specializzazione

# CHILDREN AND ADOLESCENTS WITH AUTISM SPECTRUM DISORDERS AND INTELLECTUAL **DISABILITIES AFFECTED WITH VOIDING DYSFUNCTION AND URINARY INCONTINENCE**



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### INTRODUCTION

Dysfunctional voiding (DV) is a condition characterized by sphincter dysfunction during bladder voiding and the absence of a proven neurological etiology.

**Etiology** is multifactorial. There may be congenital or genetic conditions.

### Clinical manifestations can be:

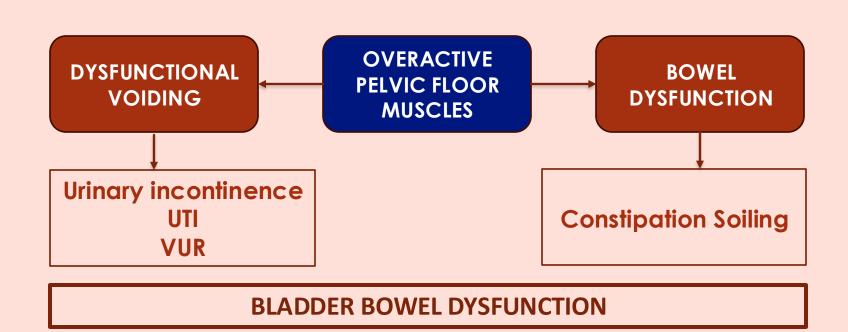
- Infrequent voiding;
- Increased post-urination residual volume;
- Incontinence;
- Urinary tract infection.

**Urotherapy** provides that children with DV may undergo rehabilitation with a simple behavioral approach.

A non-surgical treatment for lower urinary tract dysfunctions.

## PURPOSE OF THE STUDY

Evaluate the efficacy of this **behavioral approach** in children affected by Neuro-Developmental disorders.



## **MATERIALS AND METHODS**



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SSR SARDEGNA

The study enrolled 23 patients with DV who presented with Neuro-Developmental disorders.

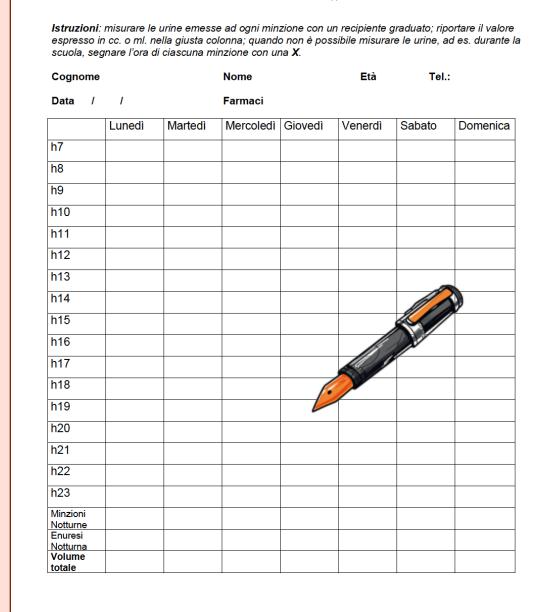
#### **Patients:**

- age between 4 and 16 years;
- 57% are male and 43% are female;
- 4 with ASD without accompanying intellectual impairment;
- 2 with ASD with accompanying intellectual impairment;
- 2 with ADHD;
- 6 with Intellectual Developmental Disorder/Intellectual Disability;
- 1 with Specific Learning Disorder;
- 5 with Neurological Disorders without accompanying intellectual impairment;
- 2 with Neurological Disorders with accompanying intellectual impairment;
- 1 with Neurological Disorders with ADHD;
- 30% have genetic diseases.

Children with DV underwent treatment using a simple behavioral approach:

- Frequency-Volume Chart (FVC) for daily documentation of voiding frequency and corresponding urine volume;
- recommendations for proper and regular voiding were provided based on FVC analysis.

Patients were assessed at 6 and 12 months after diagnosis.



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#### Frequency/Volume chart

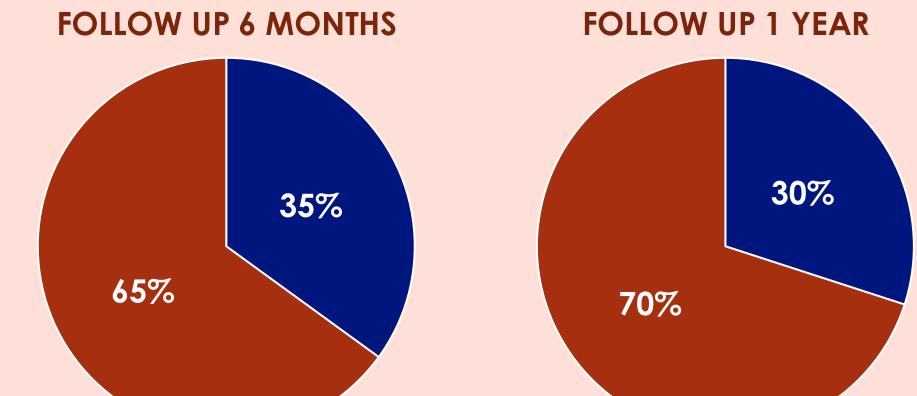
### RESULTS

### After 6 months:

- sample of the demonstrated 65% improvement;
- in 4 out of 23 patients, symptoms completely disappeared after 6 months and 1 of these children main-tained symptom relief at the annual check-up.

### After 1 year:

70% of the sample showed improvement; •



- only 1 child experienced worsening urinary incontinence at the annual assessment.

Unchanged Improvement Unchanged Improvement

### DISCUSSION

A gradual approach in DV, utilizing FVC proves cost-effective, avoiding more invasive diagnostic procedures in a significant percentage of children.

Despite the increased time investment and the need for family compliance, many children improved with this approach. Managing complex conditions like DV requires active collaboration from the patient and their family, particularly in adhering to the proposed behavioral indications.

### CONCLUSIONS

In pediatric patients with DV, rehabilitation is achievable through a simple behavioral approach. Encouraging pediatricians and families to consider urotherapy is crucial. While this approach demands greater family compliance and an extended duration, children can achieve excellent results, providing vital support and reassurance during their educational journey.

#### **REFERENCES**:

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