

## **SUCCESSFUL RE-INTRODUCTION OF ALARM THERAPY IN CHILDREN WITH REFRACTORY MONOSYMPTOMATIC NOCTURNAL ENURESIS.**

### Hypothesis / aims of study

Therapy for monosymptomatic enuresis is standardised in primary care with both alarm and desmopressin with a grade I level degree of evidence. Little is known of refractory cases. The aim was to analyze the characteristics and outcome of patients with severe monosymptomatic enuresis (>5/7 days), refractory to conventional therapy, when they are submitted to a new alarm therapy trial.

### Study design, materials and methods

A retrospective study was performed in a tertiary centre in 2012-2013. The study-population consisted of 73 patients with refractory monosymptomatic nocturnal enuresis (MNE) who started with the alarm therapy. They all fulfilling the criteria for monosymptomatic enuresis, namely absence of daytime symptoms at start of alarm. Daytime symptoms at the start of the alarm therapy was an exclusion criteria. Daytime symptoms in the past or associated anticholinergics were not exclusion criteria. In the same period 719 patients with non-monosymptomatic nocturnal enuresis were treated at the centre.

### Results

There was a high response rate (74%) to a renewed treatment with the alarm, However, with 72% relapse rate. An increase of response rate was associated with an increasing age and the association of desmopressin therapy. No correlation with gender, latency, duration and type of previous therapies were found.

### Interpretation of results

Refractory MNE is a minor population ( $\pm 10\%$ ) in patients consulting a tertiary centre. This study demonstrates that in patients with a history of MNE, refractory to previous treatments, inclusive the alarm, a re-introduction of the alarm has a high response rate, although a relapse rate of 2/3 is important.

### Concluding message

In patients with a history of MNE, refractory to previous treatments, inclusive the alarm, a re-introduction of the alarm has a high response rate, although a relapse rate of 2/3 is important.

### Disclosures

**Funding:** no **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Ethical Institutional Board of the Ghent University Hospital **Helsinki:** Yes **Informed Consent:** No