International Continence Society August 22-26, 1999 29th Annual Meeting Denver, Colorado USA

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LONG TERM USE AND FOLLOW-UP OF DDAVP FOR NOCTURNAL ENURESIS

Aims of Study: To study the effectiveness and side effects of long term use of DDAVP as well as long term follow-up of children with a history of nocturnal enuresis who have used DDAVP.

Methods: Sixty-three children, including 46 males and 17 females with pure nocturnal enuresis treated with DDAVP nasal spray were identified. Children with daytime wetting encopresis neurological abnormalities and history of UTI were excluded. Average age at initiation of DDAVP therapy was 10.3 years (range 6.2-16.8). Average wetting episodes prior to treatment was 5.3 per week (range 1-7). Recommended starting dosage was 40 ng qhs.

Results: Forty-five children became dry or had a significant response (defined by >50% reduction in the number of wetting episodes) with the use of DDAVP. Of this group, fourteen children still taking the medicine with an average length of use of 25 months. Thirty-one of these children are no longer using DDAVP after an average use of 19 months. Since discontinuing therapy (range of follow-up) of 1-59 months, median >30 months) 27 children are completely dry

Nine children had less than 50% reduction in the number of wetting episodes or stopped the medication for other reasons and are considered failures of therapy. Average length of use of this group was 1 month. Since discontinuing therapy, (range of follow-up of 6-72 months, median >13 months), 6 children continue to have a similar number of wetting episodes.

Side effects for DDAVP use were minimal and included headache (5), nasal irritation (6), congestion (2), and weight gain (1). There were no electrolyte abnormalities that required intervention. The medication was not considered to be an inconvenience the majority of parents (60/63).

Conclusion: The use of DDAVP can be effective in a large number of children with pure nocturnal enuresis. With long term use, the medicine can be continued safely without significant side effects.