

In partial responders, with reduced bedwetting frequency, all patients were re-evaluated and adjuvant treatments were added according to individual symptomatology while continuing the 0.4 mg DDAVP treatment (2nd treatment period):

1. Anticholinergics (propiverine 0.4 mg/kg b.w.) were applied (5) when nocturnal diuretic volume still exceeded the individual functional bladder capacity (6).
2. Biofeedback was utilized in children with dysfunctional voiding (7).
3. Alpha-blocker (alfuzosin 2.5 mg bid or qd) were given to children with suspected functional bladder outflow obstruction (8).
4. Enuresis alarm was applied in children with small amounts of bedwetting who did not wake up (9).
5. Psychotherapy was performed in children with behavioral disorders.

Non-responders were referred to specialized management.

Results

259 children were enrolled (1996 – 2002). Demographic characteristics: 92 girls, 167 boys, age range 5 – 17 years. 42 children stopped bedwetting (complete responders) after urotherapy. 136 children had a complete response to DDAVP treatment. 3 patients showed no response and were assigned to specialized management. The 78 partial responders were either assigned to anticholinergics (n=41), biofeedback (n=9), alpha-blocker (n=7), alarm (n=2) or psychotherapy (n=2). 17 patients were satisfied with their partial response and therefore had no further treatment. This combination strategy resulted in another 49 complete responders, 9 patients showed further improvement, in 3 cases bedwetting was not further improved.

Conclusions

The need for preliminary urotherapy is evident. The described DDAVP monotherapy strategy is more effective than the usual DDAVP treatment module. However, applying adjuvant treatment modules improves the complete response rate up to 88%. Furthermore, the combination strategy in partial responders increases the overall efficacy rates. Non-responders (1.2%) will be referred to specialized management, but many partial responders will gain improvement sufficient to refrain from invasive procedures.

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