

DO LOWER URINARY TRACT DATA FROM PARENTS OF CHILDREN WITH REFRACTORY BEDWETTING DIFFER FROM THOSE OF PARENTS WITH CHILDREN DRY BEFORE THE AGE OF 5

Hypothesis / aims of study

Childhood prolonged bedwetting is multifactorial and several different causes have been related to its persistence. Hereditary factors have been proposed. We wanted to evaluate if parents of children with refractory EN had different data from a control group whose children had been dry before the age of 5.

Study design, materials and methods

58 parents (28 mothers and 30 fathers) of children under treatment for prolonged monosymptomatic EN after the age of 5 and 31 controls whose children had been dry before the age of 5 were enrolled in this study. Their respective ages were not different (mean 39, SD 4,5 years old). They filled in a questionnaire about urinary history, symptoms and signs, kept a three day voiding frequency chart and measured three times maximum bladder volume after postponing voiding until very strong desire to void occurred.

Results

No parent complained of still bedwetting. Only parents in the patients group reported prolonged bedwetting during their childhood 20 and no parent in the control group ($p < 0.001$). The mean age at which they had become dry was 10 ± 2.7 years old (min 6, max 16). Two control parents mentioned problems with prolonged bedwetting in relatives while 24 parents of the patients reported this.

The number of voids on the 3 day diary was not different between groups (mean 5 ± 1.5 per day). Drinking was not different between the groups (1772 ± 632 ml).

Maximum holding capacity was not significantly different between the groups for the three days (maximum 487 ± 182 ml).

Other symptoms gave following results between the groups:

- number of times to get up at night to void : 30% of all had to get up occasionally, 2 of the controls and 8 of the patients group had to stand up every night at least once.
- None of the participants complained of voiding difficulties
- Incontinence was reported only in 6 mothers of the patients' group
- Urgency or /and urge incontinence was reported only in the patients' parents group by 6 and 4 respectively
- Defaecation problems were reported only in the patients' parents group by 4.

Interpretation of results

These data show that parents from children with prolonged bedwetting had differences in their own history compared to parents from whom the children became dry before the age of 5. The patients' parents had significantly more problems themselves with prolonged bedwetting and reported more such problems in the relatives. They also report symptoms as urgency and urge incontinence, defecation problems, necessity to get out of bed to void during the night more than the parents in the control group. The data from the voiding chart showed no difference in number of voids or in maximum holding capacity.

Concluding message

Our data add to the hypothesis that hereditary and family related factors play a role in prolonged bedwetting. Our data show that parents of children with refractory EN suffer more frequently of LUT symptoms than parents from whom the children get dry at low age.

