ENURESIS AND OVERACTIVE BLADDER: EFFICACY OF BEHAVIOURAL THERAPY

Hypothesis / aims of study
Recent studies suggest the efficacy of behavioural therapy in the treatment of enuresis, even in cases of minor daytime micturition problems. We describe our experience in the clinical follow-up and behavioural therapy of children affected by primary enuresis.

Study design, materials and methods
We followed 250 children (159 boys and 91 girls, aged 5 – 17 yr) affected by primary enuresis who have been treated in three medical centres, with a paediatric nephrology clinic, during the last three years. A detailed history on bladder voiding was obtained and each child had a bladder training session, which included: explanation of the enuretic process, daily diary recording the episodes of enuresis and the frequency of diuresis, training to recognize bladder distension and to increase the voiding frequency.

Results
226 children (90%) presented one or more symptoms of bladder maturation delay and 13% reported behavioural constipation. 185 (74%) completed the proposed treatment. Within 6 months, 111 of 185 subjects (60%) reported a positive response, 21 of 185 (11%) reported a partial response, and in 53 children (29%) the treatment failed.

Interpretation of results
There were no significant age differences according to the response.

Concluding message
When an accurate history is recorded, most of enuretic children have day-time symptoms, which suggest the presence of detrusorial instability. The efficacy of behavioural therapy, as shown by our data, is comparable to that obtained with DDAVP or with alarm therapy, but requires a good compliance of the child to the therapeutical plan. Age is not a determinant factor in the success rate.