

Butler R.J., Holland P.: The Three Systems. A Conceptual Way of Understanding Nocturnal Enuresis

Childhood nocturnal enuresis has traditionally been regarded as a multifaceted problem with a variety of treatment interventions. This paper proposes a model based on the notion that nocturnal enuresis arises through the il functioning of one ore more of the following three systems - a lack of vasopressin release during sleep; bladder instability; and/or an inability to arouse from sleep to bladder sensations. Clinical signs of each system are outlined and the appropriate treatment intervention for each is discussed. It is argued that addressing nocturnal enuresis in this way will enhance overall treatment effectiveness. [...]

[Scand J Urol Nephrol 34; 270- 277, 2000]

Jensen I.N.; Kristensen G.: Frequency of Nightly Wetting and the Efficiency of Alarm Treatment of Nocturnal Enuresis

Objective: This study aimed to investigate the efficiency of alarm treatment in patients suffering from nocturnal enuresis (NE). Material and Methods: The weekly frequency of nightly wetting was used as an indicator of the patient's predisposition for alarm treatment and thus of the efficiency of the alarm.

Results: The pattern of relapse is shown in connection with a status 1 year after treatment ended fot those who volunteered successful treatment.

Conclusion: Patients with the highest pretreatment frequencies of NE achieved better results from treatment with an alarm and ended up in a better situation than those with lower frequencies of NE receiving the same treatment. [...]

[Scand J Urol Nephrol, Suppl. 202, 73 - 75, 1999]

Läckgren, Hjalmas, van Gool, von Gontard, de Gennaro, Lottmann, Terho: Nocturnal enuresis: a suggestion for a European treatment strategy

The objective of this study was to review the published literature on aetiology and treatment of nocturnal enuresis, with the aim of providing a treatment strategy which is easy for the patient and their famliy to follow. Results from European studies conducted over the last 15 y were included in this review. It can be concluded from the results of these studies that enuresis is the cause and not the result of a psychiatric disorder. However, there is still considerable variation in success rates, from 28 to 90%. It is of vital importance that a caring approach from the doctor and positive family and patient attitude are present for successful treatment. The first choice if treatment should be the one most acceptable to the family, e.g. alarm, desmopressin and combination treatment. [...]

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Neveus, Hetta, Cnattingius, Tuvemo, Läckgren, Olsson, Stenberg: Depth of sleep and sleep habits among enuretic and incontinent children

In order to evaluate differences in sleep factors between children with wetting problems and dry children, questionnaire data were obtained from 1,413 schoolchildren between the ages of 6 and 10 y. The analyses were performed using logistic regression, and adjusted odds ratios (ORs) were calculated to approximate the relative risk. Current enuresis was associated with subjectively high arousal threshold, pavor nocturnus, nocturia and confusion when awoken from sleep (ORs 2.7, 2.4, 2.1 and 3.4, respectively), whereas children with current incontinence often experienced bedtime fears, onset insomnia or nocturia (ORs 2.4, 2.3 and 2.7, respectively). Children exhibiting urinary urgency were overrepresented among both children with current enuresis (OR 2.5) and those with incontinence (OR 17.2). It is concluded that impaired arousal mechanisms and bladder instability are aetiological factors underlying nocturnal enuresis. [...]

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Wolfish N. M. et al.: Elevated sleep arousal thresholds in enuretic boys: clinical implications

Enuretic children are described as difficult to arouse from sleep. We studied auditory sleep arousal thresholds in enuretic boys and report on the clinical implications of these findings. Fifteen enuretic and 18 control subjects (7-12-year-old males) were studied in a sleep laboratory for four consecutive nights using standard polysomnographic recording techniques. Sleep was undisturbed for the initial two nights and waking thresholds were measured on the following two nights. Enuretic children wet most frequently in the first two-thirds of the night. Arousal attempts were successful 39,7% of the time in controls and only 9,3% of the time in enuretics. In conclusion, enuretic males were more difficult to arouse than age-matched controls. The elevated arousal thresholds may be due to delayed maturation. Treatment programmes that rely on awakening should be aware of these features. [...]

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