Structured summary

Objective and expected benefits

The objective is to provide evidence based information to aid in decisions making in primary monosymptomatic nocturnal enuresis (PMNE). It is intended for use by pediatricians and other medical professionals who work in the area of children's health. It is our hope that using these guidelines will improve care for children with PMNE.

Options considered

The following have been evaluated: prevention, associated factors, diagnosis, treatment, and predictive factors of treatment success. Neither the costs nor impact of the different alternatives on health care services has been taken into account.

Outcome measurements

The measures of association used are OR for associated factors and RR for treatment outcomes. Whenever possible, the NNT has been calculated.

Response to treatment has been assessed in terms of: a) initial success (14 consecutive dry nights), b) complete dryness (100% dry nights), c) full response (>90% decrease in wet nights versus baseline), and d) cure (initial success or full response, without relapse).

Evidence

The literature available in Spanish, English and French fulfilling the previously-defined inclusion criteria has been identified and selected.

Assessment of the evidence

The best evidence found on each aspect is quoted, following the Oxford evidence-based medicine criteria. Each level or grade of recommendation has been assessed by at least two reviewers. The level of recommendation does not indicate clinical importance, only the evidence that backs it up.

The contents for which scientific evidence was insufficient are cited explicitly. In such cases, a consensus was reached regarding the recommendation in line with standard clinical practice in our setting.

Summary of the evidence and recommendations

Prevention

The avoidable risk factors that predispose to dysfunctional voiding and delayed onset of urinary continence control have been described. No specific preventive factor for PMNE has been detected.

Associated factors

The factors considered to be associated with enuresis have been analyzed. Chronic headache and attention deficit/hyperactivity disorder (ADHD), constipation/encopresis, and sleep apnoea syndrome are associated with nocturnal enuresis in general, although the latter two are more closely associated with secondary enuresis. PMNE is not associated with urinary tract infection or with psychological disorders, although the persistence of the problem leads to low self-esteem in the children affected.

Diagnosis

Diagnosis is based on the clinical history and a normal medical examination. The bladder diary is an indispensable objective tool and is valuable in establishing both diagnosis and prognosis. Urine culture and the dipstick urinalysis are of no clinical use in PMNE.

Treatment

Simple and complex behavioral treatments, the alarm system, and drug treatment with desmopressin have been contemplated. Other elements assessed were treatment objectives, the associations of the different treatment alternatives, dosage, duration, withdrawal method, attitude toward failure, as well as the advantages and disadvantages of each option.

Prognostic factors for treatment success

The prognostic factors that affect treatment efficacy are described. Maximum daytime voided volume, willingness to cooperate, the existence of stressful situations in the child's and family's life, the number of wet nights/week, and the presence or absence of ADHD are factors that must be assessed when selecting a treatment option.

Declaration of conflicts of interest

The authors have no conflict of interests with any public or private entity involved in the treatment of enuresis. These guidelines have been promoted and carried out by the authors without any external financial support.

Suggested reference

Úbeda Sansano MI, Martínez García R, Díez Domingo J. Primary monosymptomatic nocturnal enuresis in Primary Care. Evidence-based clinical practice guidelines. Rev Pediatr Aten Primaria. 2005;7 Supl 3:S7-151.