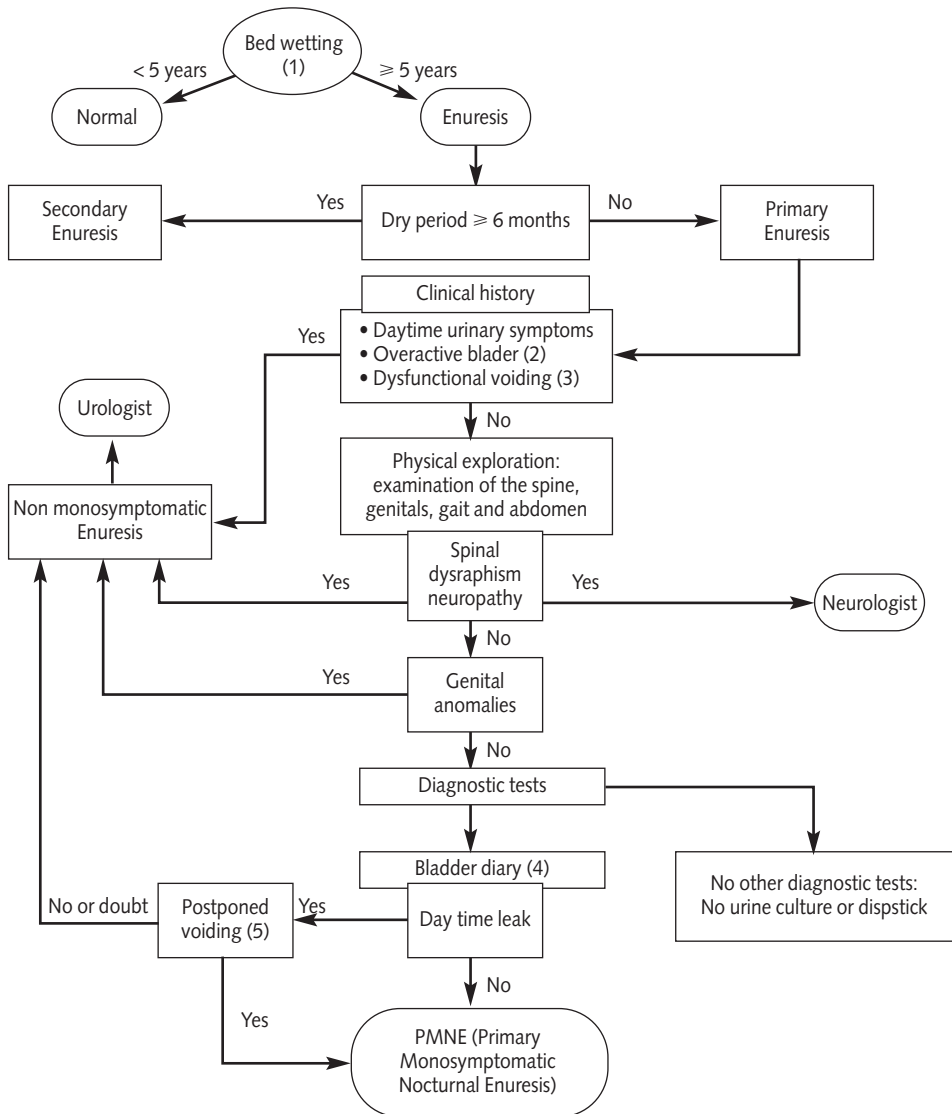


Diagnostic algorithm



See notes on page 26.

ALGORITHMS (Notes)

Diagnosis

1. An active search for cases is recommended after 5 years of age, directly asking the parents or the patient during any visit due to illness or regular developmental check-ups.

2. The overactive bladder syndrome, or urgency or urgency-frequency syndrome, is defined as urgency, with or without incontinence, generally associated with frequency and nocturia, in the absence of proven infection or any other pathological condition. Thus defined for adults, this concept is more difficult to assess in children.

3. Dysfunctional voiding (or functional obstructive voiding) consists of functional obstructive micturition with incomplete voiding, lacking an organic basis, which is manifested by voiding frequency and urgency and repeat urinary tract infections. In the event of diagnostic doubt, the dysfunctional voiding survey is recommended (Annex 3).

4. Bladder diary (Figure 3) should always be kept because they provide data that aid in establishing the diagnosis and selecting treatment (as is seen in the treatment algorithm).

5. Postponed voiding is a behavior in which the child ignores the signal of the desire to void until the last minute, usually when he/she is engrossed/involved in a game.