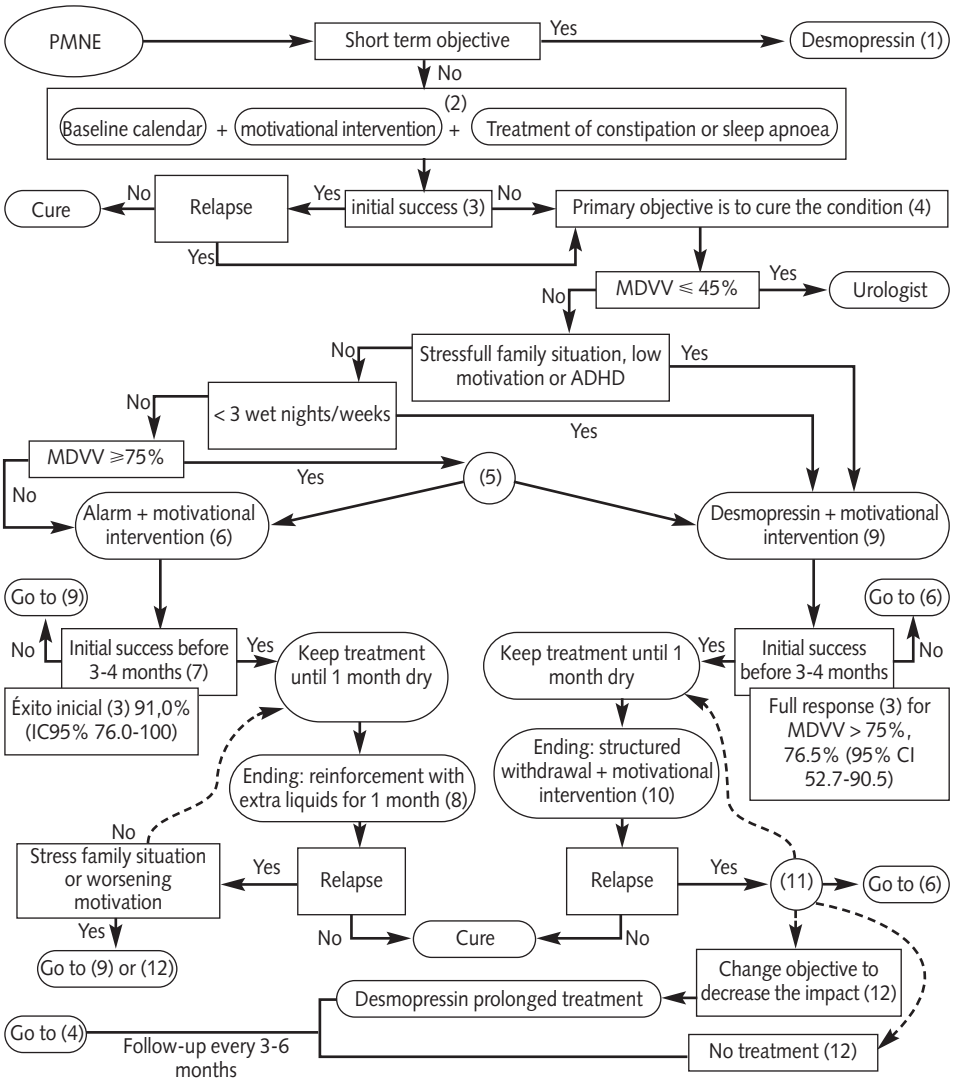
Treatment algorithm



MDVV: Maximum Daytime Voided Volumen (Functional bladder capacity).
ADHD: Attention Deficit/Hyperactivity Disorder.
See notes on pages 28 and 29.

Treatment (Notes)

1. If the objective is dryness in the short term or for a short period of time, for example when camping, the maximum dose is recommended.

2. Baseline calendars should be made for long enough to be able to detect small variations. This is usually done over a fifteen-day period, however, in cases in which wetting occurs 1 time/week, it might be advisable to extend the period to one month. These calendars serve as motivational therapy and can be prolonged if a good response is achieved. This period is used to treat enuresis-associated factors. Prior to commencing with treatment, the objectives should be agreed upon with the child and the family and they should be informed of the advantages and disadvantages of the treatment.

3. Terminology used to refer to treatment response:

- Initial success: 14 consecutive dry nights.
- Full response: > 90% response versus baseline. Clinically, it can be deemed to be close to success in young children.
- Cure: once treatment has been completed, the child does not wet the bed (initial success without relapse during follow-up).
- Reduction of impact: sometimes the objective is to decrease the number of wet nights while maintaining long-term treatment.

4. In any treatment whose primary objective is to cure a condition, check-ups should be scheduled approximately every 2 weeks to offer encouragement and assess motivation and compliance, and for dose titration if drug treatment is being followed.

5. At this point in time there are no tests that demonstrate that one treatment is more effective than the other. Therefore, the decision to use the alarm system or desmopressin will be made on the basis of parent and physician preferences. The number of times the child wets the bed/night has no bearing on treatment decisions.

6. If the alarm system is chosen, keeping the child and the family motivated is of prime importance. Charts are usually created with drawings to monitor response, as well as for motivational therapy.

7. During this period, even the slightest progress towards dryness or collaboration should be rewarded. If initial success is not achieved in 3-4 months or earlier if the child is not aroused by the alarm, the best treatment option is desmopressin. If desmopressin has already been administered and no response has

been achieved, treatment should be withdrawn, followed by a repeat trial or referral to an urologist.

8. Finally, reinforcement is recommended, administering extra fluids (minimum one extra glass of water) when going to bed until one month of complete dryness is achieved once more, i.e. the time at which the alarm can be withdrawn.

9. If treatment with desmopressin is chosen, it is recommended limiting fluid intake to one glass with dinner. The use of desmopressin with the aim of cure is usually associated with making charts with pictures to monitor the response and as motivational therapy. Treatment can begin with the lowest dose, titrating upward if the response is insufficient, or you can choose to start directly with a higher dose that can be decreased later on. The dose should be taken 30 minutes before bedtime if administered orally.

10. Structured withdrawal (table I).

11. When one or more cycles of both therapies fails, the aim should be changed to decreasing impact or treatment should be discontinued for a time.

12. Prolonged treatment (months or years, depending on the need) without major check-ups or keeping charts or associating motivational therapy is useful to minimize the impact following fai-

Table I. *Structured withdrawal. On treatment days, desmopressin is administered at the dose that achieved initial success. On the other days, the patient is encouraged to attribute the success to him/herself instead of the medication*

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st	Desm	-	Desm	Desm	-	Desm	-
2nd	Desm	Desm	-	Desm	-	-	Desm
3rd	-	Desm	-	-	Desm	-	Desm
4th	Desm	-	Desm	-	-	Desm	-
5th	-	Desm	-	-	Desm	-	-
6th	-	Desm	-	-	-	Desm	-
7th	-	-	Desm	-	-	-	Desm
8th	-	-	-	Desm	-	-	-
9th	-	-	-	-	-	-	-
10th	-	-	-	-	-	-	-

Desm: desmopressin.

lure with previous therapies, difficult family situations, or poor prognostic factors that advise against treatments targeting a cure. Given a cure is possible, treatment should be periodically discontinued for 1-2 weeks (for example, every 3-6 months). The alternative is to allow the patient to remain without treatment and re-evaluate him/her periodically or refer him/her to an urologist.