

Behavioral and pharmacological treatment of enuresis

Initial management of children with enuresis should be behavioral treatment. General guidelines should be as follows:

1. Gaining cooperation from the child by positively charting dry nights and rewarding him/her is essential for success.
2. Voiding prior to sleep is helpful.
3. Waking the child up 2-3 hours after falling asleep may be beneficial.
4. Punishment of the child by parents and caretakers should be discouraged.
5. The use of conditioning devices (an alarm that rings when the child urinates) is often helpful in training the child to improve bladder capacity and avoid enuresis.

Pharmacotherapy for enuresis is considered second line treatment and should be reserved for cases in which behavioral treatment is unsuccessful. Comparison of the bell and pad system vs. imipramine and desopressin acetate (DDAVP) shows a comparable initial response but lower relapse rates for the behavioral modification technique. DDAVP can be administered orally or intranasally at bedtime and due to its fast mode of action it is ideal for use in special occasions (such as overnight visits) when rapid control of enuresis is desired.