

## PEDIATRIC UROLOGY

---

doi: 10.1590/S1677-553820090006000029

### **Adherence in children with nocturnal enuresis**

Baeyens D, Lierman A, Roeyers H, Hoebeke P, Walle JV

*Research Group Developmental Disorders, Faculty of Psychology and Educational Sciences, Ghent University, Ghent University Hospital, Ghent, Belgium*

*J Pediatr Urol. 2009; 5: 105-9*

**Objective:** The treatment of enuresis requires adherence to several guidelines often over a long period of time. The aims of this study were 1) to investigate adherence to the medical treatment regime for enuresis and its influence on therapeutic success, and 2) to gain insight into the socio-demographic, medical, familial and psychological predictors of adherence.

**Materials and Methods:** For 41 children (6-12 years) with nocturnal enuresis, adherence to four common guidelines (drinking and voiding schedule, toilet posture and medication intake) was measured at 1, 3 and 5 months after treatment.

**Results and Conclusions:** Mean adherence to the medical regime is about 70% according to both child and parent reports at the 24-h recall interview. Greater adherence, particularly to the drinking schedule, was associated with greater therapeutic success after 6 months. The best predictor of good adherence was a positive perception of one's physical appearance and to a lesser extent low levels of stress related to the treatment of the disorder.

### **Editorial Comment**

The authors determined if four guidelines that were given to nocturnal enuresis patients and parents were complied with.

1. Compliance with a drinking schedule to increase functional bladder capacity. 2. Going to the toilet with adequate body posture (sitting) in order to get adequate relaxation of pelvic floor muscles. 3. Adherence to medication intake to reduce nocturnal diuresis in patients with documented polyuria (desmopressin). 4. Compliance with a voiding schedule to become aware of bladder sensations and to increase functional bladder capacity.

Interviews tried to assess the characteristics of the physician and that of the treatment on adherence. Age, demographic factors, socioeconomic status, positive direct parental involvement and psychological variables were evaluated. The study included children 6-12 years of age, 32 males and 9 females, over six months follow up. A 24 hour post-visit telephone interview was done and then questionnaires at 1, 3, and 5 months formed the database.

The adherence to all the guidelines averaged about 74% for the parents and 72.6% for the children that were assessed separately. The conclusions were that the adherence was relatively high and stable. Adherence was increased by explaining the aim of each guideline and stressing the importance of the contribution of both the child and the family.

Many of the problems in pediatric urology are short-term, treated with either medications of short duration or with surgery. Nocturnal enuresis is a long-term problem that adherence to guidelines has a significant impact. These authors with their interesting interview and questionnaire follow-up show that explaining the "whys" for the recommended guidelines, evaluating the stress of the child and the parents and emphasizing follow-up and contact show the best success over the long term.

They did find that the greater adherence particularly to the drinking schedule was associated with the greatest therapeutic success at six months and that the best predictor of good adherence was positive perception of one's physical appearance and to a lesser extent, low levels of stress related to the treatment.

**Dr. Brent W. Snow**

*Division of Urology*

*University of Utah Health Sci Ctr*

*Salt Lake City, Utah, USA*

*E-mail: brent.snow@hsc.utah.edu*