

Welcome to the second Community Paediatric newsletter. This is a quarterly newsletter for primary care and 0-19 services to update on any changes to our service, support you in managing neurodisability in the community and build up working relationships between primary and secondary care. In each edition we will look at one area of our work in detail and advise you on our role and what support is available in the community for children/young people and their families. In this second edition we will focus on nocturnal enuresis.

What is nocturnal enuresis?

Nocturnal enuresis affects around 500,000 young people in the UK (1 in 15 seven year olds and 1 in 75 teenagers) and is described by DSM-V criteria as repeated voiding of urine during sleep, present at least twice a week, in children aged more than 5 years (or equivalent developmental level) for at least 3 months (or the presence of clinically significant distress or impairment in social, academic or other important areas of functioning) without any evidence of a general medical condition or due exclusively to the direct physiological effect of a substance (e.g. diuretic) (1).

Secondary nocturnal enuresis is when a young person becomes wet again after at least 6 months of night time dryness.

What causes it?

There are a number of reasons for nocturnal enuresis but other medical reasons need to be considered first and if present treated. These include urinary tract infection, constipation and diabetes. Secondary nocturnal enuresis can be triggered by emotional distress (such as bullying, moving to a new school) and in rare cases an underlying health condition such as diabetes.

If these causes are ruled out then the 3 reasons to consider for the cause of nocturnal voiding are:

1. Some children don't wake up when they need to void in the night
2. Some children don't produce enough Vasopressin (this tells the kidneys to make less urine overnight) and the bladder has too much urine to store through the night
3. Some children have a bladder that is not used to stretching enough to hold all the urine in at night. This could be because children are constipated (which restricts the ability of the bladder to stretch), not drinking enough in the day to stretch the bladder or the bladder could be overactive.

Treatment of nocturnal enuresis

Previously it was felt that nocturnal enuresis did not require treatment and children would simply 'grow out of it' however, it is more recognised now that nocturnal enuresis can cause low self-esteem and affect a young person's emotional well-being. NICE have produced guidelines to support the treatment of nocturnal enuresis based on age.

Children under 5 years

Treatment is usually not necessary as the condition is likely to resolve spontaneously. Some families may find reassurance and advice beneficial. Parents/carers can be signposted to visit the NHS guide to potty training (see below) and/or seek support advice from their Health Visitor or Child Development Practitioner.

School age children

It is recommended to speak to the school nursing team who can provide advice on fluid intake, diet, toileting behaviour and the use of reward charts. Fluid intake is important as this allows the bladder to practice stretching in the daytime to prepare for night. For children who don't respond to this advice, an enuresis alarm can be considered (particularly if the issue is felt to be that a child doesn't wake up when the bladder signals it is voiding). The response to an alarm would be monitored by the school nursing team.

Medical Treatment by Primary Care

Community Paediatrics Service is not commissioned to see patients with nocturnal enuresis and GPs are therefore asked to assess the child for desmopressin if it is thought to be appropriate once they have been assessed by the school nursing team and if the alarm is unsuccessful/not desirable. They can be referred to community paediatrics if Desmopressin does not work.

Medical treatment with Desmopressin can be offered to children and young people over 7 years of age or considered in children aged 5-7 years if:

- Rapid onset and or short-term improvement in bedwetting is the priority
- An alarm is inappropriate or undesirable

Desmopressin is a synthetic version of Vasopressin and works by reducing the volume of urine produced overnight.

When to refer a child with nocturnal enuresis to Community Paediatrics

For some children, the measures above don't work and they need referral to a specialist service. All first-line interventions need to have been undertaken and therefore **referrals for nocturnal enuresis are generally only accepted from the school nursing team via the online community paediatric referral form. GPs can refer but there needs to be information about what support the school nurse has given.**

For the referral to be considered, information is required about:

- The presenting symptoms
- The duration of symptoms
- Any history of UTI, constipation, behavioural issues or neurodisability?
- What has already been tried
- What support has the school nursing team given?

- Have they tried Desmopressin? If so, what was the effect?

The following criteria also need to be met:

- registered with a Barnsley GP
- aged 7-18 years
- a UTI has been ruled out

How to prepare a young person and their family/carer for the enuresis clinic appointment

Following acceptance of a referral a new patient appointment is arranged with a doctor who will take a history and conduct a thorough examination to look for possible causes of enuresis. To prepare a parent/carer for the clinic appointment you can ask them to document:

- How often the young person has nocturnal enuresis and when during the night does it occur?
- Does the young person wake up in the night after the event?
- How often the child passes urine in the daytime?
- Is there any urgency to pass urine during the day?
- Information about diet, bowels and general health
- Is there a family history of nocturnal enuresis?

For some children further investigations may need to be completed and treatment may be discussed at the appointment. Follow-up appointments may be offered either with a doctor or specialist nurse.

Top Tips for Practitioners

- It's important to remind parents/carers that nocturnal enuresis is a medical condition and isn't anybody's fault and children shouldn't be punished if they have an accident.
- Take a thorough history to rule out another medical issue as the cause
- Follow all first-line interventions before considering referral to enuresis clinic
- Signpost families/carers to useful resources (see below)

Community Paediatric Service News and Polite Reminders

- Community Paediatrics Service is in the process of working with the commissioners to develop a dedicated children's continence service, which should be in place later this year.
- Just a reminder that we are no longer accepting paper referrals (except for referrals to ASDAT). Our electronic referral form can be found in the 'Resources for professionals' section of our website (www.barnsleyhospital.nhs.uk/services/community-paediatrics)
- Polite reminder – please put as much relevant information on your referrals to avoid the risk of it being rejected due to lack of information.

Useful resources

NHS Guide to potty training

www.nhs.co.uk/conditions/pregnancy-and-baby/potty-training-tips

ERIC

ERIC offers advice and information about bowel and bladder health of all children and teenagers. This includes toilet training, bedwetting and constipation. They also provide advice for children with additional needs.

www.eric.org.uk

Bladder and Bowel UK

BBUK offers advice, information and resources for children and young people with bladder and bowel problems.

www.bbuk.org.uk

Stopbedwetting.org

A helpful website full of information, resources and activities to support difficulties with bedwetting.

www.stopbedwetting.org

National Autistic Society

NAS have a section on their website with basic tips and guidance for toilet training children with autism

www.autism.org.uk

CEREBRA

Cerebra have published information around toilet training for children with a neurodisability. This can be found on the 'Help and Information' section of their website.

www.cerebra.org.uk

**If you have questions about a referral to our service please contact us to discuss
on 01226 644876.**