

# Evaluation of and Treatment for Monosymptomatic Enuresis: A Standardization Document From the International Children's Continenence Society

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**Purpose:** We provide updated, clinically useful recommendations for treating children with monosymptomatic nocturnal enuresis.

**Materials and Methods:** Evidence was gathered from the literature and experience was gathered from the authors with priority given to evidence when present. The draft document was circulated among all members of the International Children's Continenence Society as well as other relevant expert associations before completion.

**Results:** Available evidence suggests that children with monosymptomatic nocturnal enuresis could primarily be treated by a primary care physician or an adequately educated nurse. The mainstays of primary evaluation are a proper history and a voiding chart. The mainstays of primary therapy are bladder advice, the enuresis alarm and/or desmopressin. Therapy resistant cases should be handled by a specialist doctor. Among the recommended second line therapies are anticholinergics and in select cases imipramine.

**Conclusions:** Enuresis in a child older than 5 years is not a trivial condition, and needs proper evaluation and treatment. This requires time but usually does not demand costly or invasive procedures.

**Key Words:** urinary bladder; nocturnal enuresis; reference standards; societies, medical; child

## SCOPE OF THE DOCUMENT

THIS document represents the ICCS recommendations on treatment in children with MNE. By MNE we mean "enuresis in children without any other lower urinary tract symptoms," in accordance with ICCS terminology.<sup>1</sup> Although the focus of the article is children, we believe that it will also be useful when dealing with adults.

The document is intended to be clinically useful for primary, second-

ary and tertiary care. We present not only the optimal, recommended strategy but also the minimal requirements for the health care provider with limited resources and time.

The purpose is not to provide detailed discussions on pathogenesis or epidemiology. Likewise management of NMNE is outside the scope of this document. However, there is a large gray zone between MNE and NMNE. After thorough evaluation many chil-

## Abbreviations and Acronyms

ICCS = International Children's Continenence Society

MNE = monosymptomatic NE

NE = nocturnal enuresis

NMNE = nonmonosymptomatic NE

UTI = urinary tract infection

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