Success of enuresis alarm can be identified after two weeks of therapy

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Children with a likelihood of enuresis alarm treatment success can be

identified from two weeks of treatment, according to a study recently published in the *Journal of Pediatric Urology*.

Jens Larsson, R.N., from Skåne University Hospital in Lund, Sweden, and colleagues examined predictors of enuresis alarm response in a setting reflecting clinical reality. Children with enuresis managed at pediatric outpatient wards were provided with an alarm linked to a smartphone app. Therapy was given for eight to 12 weeks or until achievement of 14 consecutive dry nights.

Of the 196 recruited children, 18.4 percent were full responders, 20.4 percent were partial responders, 22.4 percent were nonresponders, and 38.8 percent were dropouts.

The researchers found that among baseline data, there were no clear predictors of response or adherence. As treatment progressed, there was a significant reduction in the frequency of enuresis for responders versus nonresponders at week 2 and at week 3 and onward. Already from the second week, children unable to complete the full treatment had more nonregistered nights.

"After one month of therapy, the children who were later to either become dry or drop out of therapy could be discerned with reasonable certainty," the authors write. "We propose that the continuation or interruption of enuresis alarm therapy should be reassessed after one test month."

More information: Jens Larsson et al, The value of case history and early treatment data as predictors of enuresis alarm therapy response, *Journal of Pediatric Urology* (2022). DOI: 10.1016/j.jpurol.2022.11.003