

[Review]

Drugs for nocturnal enuresis in children (other than desmopressin and tricyclics)

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Abstract

Background

Enuresis (bedwetting) is a socially stigmatising and stressful condition which affects around 15-20% of five year olds, and up to 2% of young adults. Although there is a high rate of spontaneous remission, the social, emotional and psychological costs to the children can be great.

Objectives

To assess the effects of drugs other than desmopressin and tricyclics on nocturnal enuresis in children, and to compare them with other interventions.

Search strategy

We searched the Cochrane Incontinence Group trials register. Date of the most recent search: December 2002. The reference list of a previous version of this review was also searched.

Selection criteria

All randomised trials of drugs (excluding desmopressin or tricyclics) for nocturnal enuresis in children were included in the review. Trials were eligible for inclusion if children were randomised to receive drugs compared with placebo, other drugs or other conservative interventions for nocturnal bedwetting. Trials focused solely on daytime wetting were excluded.

Data collection and analysis

Two reviewers independently assessed the quality of the eligible trials and extracted data.

Main results

In 32 randomised controlled trials (25 new in this update), a total of 1225 out of 1613 children received an active drug other than desmopressin or a tricyclic. In all, 28 different drugs or classes of drugs were tested, but the trials were generally small or of poor methodological quality (five were quasi-randomised and the remainder failed to give adequate details about the randomisation process).

Although indomethacin and diclofenac were better than placebo during treatment, desmopressin was better than both of them, with less chance of adverse effects. There were no data regarding what happened after treatment stopped. Limited data suggested that an alarm was better than drugs during treatment.

Authors' conclusions

There was not enough evidence to judge whether the included drugs reduced bedwetting. There was limited evidence to suggest that desmopressin, imipramine and alarms were better than the drugs to which they were compared. In other reviews, desmopressin, tricyclics and alarm interventions have been shown to be effective.

Synopsis

There is not enough evidence to show that drugs other than desmopressin or tricyclics reduce night-time bedwetting in children during treatment.

Night-time bedwetting is common in childhood, and can cause stigma, stress and inconvenience. There is not enough reliable evidence that drugs other than desmopressin or tricyclics work. In other reviews, desmopressin, tricyclic drugs and alarms triggered by wetting have been shown to work. Alarms are more expensive than tricyclics (though less expensive than desmopressin) but may be more effective after treatment has finished. Alarms do not have the adverse effects of drugs.

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