

Chapter 7

Genito-urinary system

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1 Bladder and urinary disorders

1.1 Urinary frequency, enuresis, and incontinence

Urinary frequency, enuresis and incontinence

Urinary incontinence

Antimuscarinic drugs reduce symptoms of urgency and urge incontinence and increase bladder capacity; oxybutynin hydrochloride p. 527 also has a direct relaxant effect on urinary smooth muscle. Oxybutynin hydrochloride can be considered first for children under 12 years. Side-effects limit the use of oxybutynin hydrochloride, but they may be reduced by starting at a lower dose and then slowly titrating upwards; alternatively oxybutynin hydrochloride can be given by intravesicular instillation. Tolterodine tartrate p. 528 is also effective for urinary incontinence; it can be considered for children over 12 years, or for younger children who have failed to respond to oxybutynin hydrochloride. Modified-release preparations of oxybutynin hydrochloride and tolterodine tartrate are available; they may have fewer side-effects. Antimuscarinic treatment should be reviewed soon after it is commenced, and then at regular intervals; a response generally occurs within 6 months but occasionally may take longer. Children with nocturnal enuresis may require specific additional measures if night-time symptoms also need to be controlled.

See also Nocturnal enuresis in children below.

Nocturnal enuresis in children

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Description of condition

Nocturnal enuresis is the involuntary discharge of urine during sleep, which is common in young children. Children are generally expected to be dry by a developmental age of 5 years, and historically it has been common practice to consider children for treatment only when they reach

7 years; however, symptoms may still persist in a small proportion by the age of 10 years.

Treatment

Children under 5 years

EVGr For children under 5 years, treatment is usually unnecessary as the condition is likely to resolve spontaneously. Reassurance and advice can be useful for some families. **⚠**

Non Drug Treatment

EVGr Initially, advice should be given on fluid intake, diet, toileting behaviour, and use of reward systems. For children who do not respond to this advice (more than 1–2 wet beds per week), an enuresis alarm should be the recommended treatment for motivated, well-supported children. Alarms in children under 7 years should be considered depending on the child's maturity, motivation and understanding of the alarm. Alarms have a lower relapse rate than drug treatment when discontinued.

Treatment using an alarm should be reviewed after 4 weeks and continued until a minimum of 2 weeks' uninterrupted dry nights have been achieved. If complete dryness is not achieved after 3 months but the condition is still improving and the child remains motivated to use the alarm, it is recommended to continue the treatment. Combined treatment with desmopressin p. 468, or the use of desmopressin alone, is recommended if the initial alarm treatment is unsuccessful or it is no longer appropriate or desirable. **⚠**

Drug Treatment

EVGr Treatment with oral or sublingual desmopressin is recommended for children over 5 years of age when alarm use is inappropriate or undesirable, or when rapid or short-term results are the priority (for example, to cover periods away from home). Desmopressin alone can also be used if there has been a partial response to a combination of desmopressin and an alarm following initial treatment with an alarm alone. Treatment should be assessed after 4 weeks and continued for 3 months if there are signs of response. Repeated courses of desmopressin can be used in responsive children who experience repeated recurrences of bedwetting, but should be withdrawn **gradually** at regular intervals (for 1 week every 3 months) for full reassessment.

Under specialist supervision, nocturnal enuresis associated with daytime symptoms (overactive bladder) can be managed with desmopressin alone or in combination with an antimuscarinic drug (such as oxybutynin hydrochloride p. 527 or tolterodine tartrate p. 528 [unlicensed indication]).