COMPLIANCE WITH ENURESIS ALARM FOR TREATMENT OF PRIMARY NOCTURNAL ENURESIS

Jessica Schuh[1], Jackie G Broda[2], Alaina Dozar[2], Alex Borden[2], Sarah Phillips[2], Duong Tu[2]

[1] Baylor College of Medicine, Department of Texas Children's Hospital

[2] Baylor, Texas Children's Hospital, Pediatric Urology

Background: Primary nocturnal enuresis is one of the most common reasons for visits to pediatric urology, and results in significant patient and parent distress (2). An enuresis alarm can be a curative option for many patients, with a success rate reported as high as 80% (1) however, many of our patients report they did not have success with the alarm. This study aims to obtain more complete information on patients' and families' experience with the enuresis alarm. We hypothesize that many of the "nonresponders" do not use the alarm as directed, and that many families who have been counseled about the alarm do not actually purchase it.

Materials/Methods: After obtaining IRB approval for a retrospective chart review, we were able to obtain the information for all patients seen in Mark Wallace Urology Clinic for the past 5 years for all diagnoses related to nocturnal enuresis. We excluded patients with significant comorbidities which affect enuresis, such as neurogenic bladder, diabetes, and significant daytime incontinence. We conducted a phone survey for the parents of our patients with questions regarding their usage and experience with the enuresis alarm, and the status of the patient's enuresis.

Results: Of 1006 charts reviewed, 774 remained after exclusion criteria. 442 chose enuresis alarm as primary management. 60 patients purchased the alarm (13.5%). We were able to reach 58 by phone to complete our survey. Most common reasons for not purchasing the alarm were other treatment (67.16%) and cost (13.43%). Of the patients who used the alarm, 43.1% reported improvement, and 56.9% did not. 34 of 58 patients (58.62%) used the alarm for at least 5 nights a week for at least 4 weeks; half still wet the bed and half did not (17 vs 17). 24 of 58 patients (41.38%) used the alarm for the recommended 7 nights a week for at least 6 weeks; 54.17% no longer wet the bed vs 45.83% still wet the bed (13 vs 11).

Conclusions: We found a majority of patients who were interested in the alarm didn't purchase it. Of those who purchased the alarm, a significant number didn't use the alarm as recommended. However, more of the patients who used the alarm for the recommended time achieved dryness than those who did not, though this did not reach statistical significance. To our knowledge, this is the first study looking at compliance with the enuresis alarm. The lower success rate we report may be related to shorter durations of use and lack of regular check-in appointments.