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Review

The South African guidelines on Enuresis—2017



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KEYWORDS

Enuresis; Nocturnal Enuresis; South African; Therapeutic options; Mobile Phone Applications (Apps); Treatment guideline; Expert consensus

Abstract

Introduction: Enuresis (or Nocturnal Enuresis) is defined as discreet episodes of urinary incontinence during sleep in children over 5 years of age in the absence of congenital or acquired neurological disorders. Recommendations: Suggestions and recommendations are made on the various therapeutic options available within a South African context. These therapeutic options include; behavioural modification, pharmaceutical therapy [Desmospressin (DDAVP), Anticholinergic (ACh) Agents, Mirabegron (β3-adrenoreceptor agonists), and Tricyclic Antidepressants (TCA)], alternative treatments, complementary therapies, urotherapy.

therapy [Desmospressin (DDAVP), Anticholinergic (ACh) Agents, Mirabegron (β3-adrenoreceptor agonists), and Tricyclic Antidepressants (TCA)], alternative treatments, complementary therapies, urotherapy, alarm therapy, psychological therapy and biofeedback. The role of the Bladder Diary, additional investigations and Mobile Phone Applications (Apps) in enuresis is also explored. Standardised definitions are also outlined within this document.

Conclusion: An independent, unbiased, national evaluation and treatment guideline based on the pathophysiological subcategory is proposed using an updated, evidence based approach. This Guideline has received endorsement from the South African Urological Association, Enuresis Academy of South Africa and further input from international experts within the field.

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Introduction

These guidelines are based on national meetings (Phase 1) held at the Department of Paediatric Urology, Rahima Moosa Mother & Child (Coronation) Hospital, Johannesburg in November 2015, and (Phase 2), held at the Boston Scientific Centre of Excellence, Bryanston, Johannesburg in February 2016. These meetings were held to achieve local national consensus. To avoid any bias, this guideline received added input and suggestions from 3 independent international experts in the field of Paediatric Urology. Furthermore, pharmaceutical trade names are not written within this document. Pharmaceutical companies and their representatives did not have any access to this document during any of the stages of its write-up, format or publication. Contributing authors have not received any honoraria for their involvement in this guideline. An attempt is

made to define, outline, caution, highlight and suggest an acceptable treatment algorithm guideline for use in the management of children suffering from Enuresis, within a South African setting. These guidelines are aimed at general practitioners, paediatricians, urologists, paediatric nephrologists and hospital administrators, within the private and public sectors of South Africa. We further aim to update this guideline 3 yearly due to the rapid advancements within this field of Medicine. Local barriers with implementing this guideline include drug availability, costs, resources and medical staff shortages. Recommended dosages are to be tailored to patient habitus, weight, and renal function where necessary and must be cross referenced with an updated acceptable Medical Reference source where needed. This guideline has been structured as a more comprehensive update to the previous local Guideline [1].

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