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WHY 'WAIT AND SEE'? AN APPEAL AGAINST THIS ATTITUDE FOR PRIMARY NOCTURNAL ENURESIS

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A survey amongst 3000 school children in France† showed that primary nocturnal enuresis (PNE) is recognised as a serious problem affecting the child's psychological and social well-being. However, the same study concluded that the majority of practitioners adopt an ineffective 'wait and see attitude'. Through qualitative research amongst children, parents and physicians, this current study assessed attitudes to treatments for PNE in other countries.

12 interviews with boys aged 7–10y and their mothers (total 1h) were conducted in UK. Up to 9 parents, all with a bedwetting child (6–14y) attended a focus group discussion (1.5h) in UK, France, or Germany (3 each) and Sweden (2). Interviews (45 minutes) were held with 20 GPs in each of UK, France and Sweden, and paediatricians in Germany. All discussions were recorded and analysed by an independent operator (NOP healthcare).

PNE was responsible for considerable family pressures; parents can be desperate for help. Children found it very distressing and their social life was affected. Reluctance of parents to accept drug therapy for their children stemmed from lack of understanding of PNE, acceptance of doctors' reassurance and a feeling that 'good' parenting = forbearance. Despite claiming to advocate treatment, many doctors still adopt an ineffectual 'wait and see attitude'.

Treatment could benefit any motivated child; however, parents are reluctant to accept medication and few doctors actively promote it. This research confirms the need for education and reassurance about the relevance of active intervention in PNE.

† Scand J Urol Nephrol 1999;202:66–69.

