



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**UROTHERAPY (Bladder training for enuresis)**

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Definition: Teaching a child to take control over its bladder in order to overcome diurnal and nocturnal enuresis.

Elements: At the start the therapist says to the child, with a parent present, that learning to become boss of its bladder can take 3 to 6 months, or longer if it has had enuresis for a long time. They meet every week or two at first and then less often. Advice given is on the lines below:

1. During the day, pee at least once every 3 hours before an urge to pee comes on, so that you don't store a lot of urine.
2. If you feel any urge to pee, go quickly to the toilet and pee there.
3. During toilet visits: a) even if you're a boy, to make it easier sit on the toilet without pressing (your father can set an example by sitting down when urinating) and give yourself plenty of time to help you empty your bladder completely; b) You can lean forward a bit and rest your feet on a footstool if that helps; c) You can read and whistle or sing to relax and make it easier to pee; c) Let water run from a nearby tap; d) Try to pee several times at each visit - after any peeing, count slowly to 20, get up briefly, sit down again, and try to pee more.
4. Adjust peeing times to your daily timetable: a) You can set alarm times on your watch; b) You may prefer to visit the toilet during breaks, or to go during class time, in which case you can tell your teacher.
5. At night: a) Pee just before going to bed; b) If you wet yourself at night, your parent could wake you up to pee during the night;
6. In the morning: pee right after you get up, even if you're wet.
7. Keep a daily diary (a parent can help if needed) showing the times you've peed and your gold stars, praise and other rewards when you've done your training program - for appropriate visits to the toilet, not just for staying dry. Once you've managed to pee 3 times, showing bladder control is starting, you deserve special praise.

Younger children should be rewarded soon for even slight progress. The child together with its parent work out a points-reward scheme to increase its self-respect and motivation. Staying dry right from the start is expecting too much and the child should not be made to feel a failure if it wets itself. Children who become dry quickly often relax their peeing regime and then relapse, in which case further bladder training is needed.

Related procedures: Bell alarm and pad treatment.

Application: In primary care, talking to the child in the presence of a parent.

1st use? Salvesen, Ingunn Løkstad (2012)

References:

1. Salvesen, Ingunn Løkstad (2012) Norwegian website to Norsk Barnelegeforening (Paediatric Association), at Tidsskriftet (J Norwegian Medical Assoc.)

2. Watanabe H, Kawauchi A, Kitamori T, Azuma Y. Treatment System for Nocturnal Enuresis according to an Original Classification System. *Europ. Urology* 1994; 25: 43-50.
3. Yeung CK, Sit FK, To LK, Chiu HN, Sihoe JD, Lee E, Wong C (2002). Reduction in nocturnal functional bladder capacity is a common factor in the pathogenesis of refractory nocturnal enuresis. *Brit J Urology International*, 90(3): 302-7.
4. Yeung CK, Chiu HN, Sit FKY (1999) Bladder dysfunction in children with refractory monosymptomatic primary nocturnal enuresis. *J Urology*; 162: 1049-55.

Case illustration: Salvesen, Ingunn Løkstad (2012)

A mother brought one of her children for a routine health-examination at a primary school and mentioned that another child of hers, Tom aged 12, had wet his bed at times since age 8. Tom was ashamed of his enuresis, feared that his friends would discover it, and felt worse now because his class was going to school-camp 10 days hence and he was reluctant to go. His parents tried but couldn't motivate him to go. The whole family was stressed about this. The fact that Tom had had a long dry period before age 8 suggested that he had a form of bladder dysfunction. The therapist lacked time to talk with Tom before the camp but explained to mother that Tom's problem was due to his ignoring his impulse to empty his bladder. The mother got verbal and written advice for Tom to develop a favorable toilet regime to re-establish good bladder function (see 'Elements' above). The therapist phoned mother after the summer holiday. Mother said that the day she'd seen the therapist she'd passed the therapist's advice on to Tom. Tom began bladder training that day. Thereafter Tom had been dry every night for 10 weeks. He went to school camp and was glad that he was no longer enuretic. Tom had become dry with bladder training unusually quickly, probably because his enuresis had been mild (he'd never wet himself by day and did not wet himself every night), he'd been strongly motivated, and he and his parents formed a good team to overcome the enuresis.

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