Nocturnal Enuresis
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Nocturnal enuresis is a condition that touches the lives of many children around the world. Affected children and their parents may experience a feeling of guilt, frustration and anxiety because of their lack of control over the situation.

In this issue of the journal, Mithani et al have come up with local data giving us the frequency of this multifactorial condition and have looked into some of the associated factors. Such studies are welcome because they not only add to the immense paucity of Pakistani data but also highlight a potentially treatable condition. The authors have been successful in initiating a survey on enuresis and have identified that although 68.5% of the parents and 69.8% of children were concerned about their problem, only 26.3% sought medical advice. However there are some shortcomings. Can a study including five private English medium schools, catering to mainly fairly well socioeconomic class of urban population, truly give frequency representation of the whole nation? It has been shown that enuresis is far more common in the presence of unsatisfactory familial characteristics and in low socioeconomic groups.

Bladder control is a developmental process which depends on the maturation of bladder capacity, on adequate neuromuscular coordination, on the quantity of urine and on appropriate recognition of bladder expansion. Statistically 80-90% of children achieve bladder control after the age of 4-6 years. There is a strong association between previous urinary tract infection and combined night and day wetting or day wetting alone. In this study 10.4% of children had a history of previous urinary tract infections.

The evidence for genetic predisposition is strong and molecular genetic linkage analyses in nocturnal enuresis have identified five markers on chromosomes 13q, 12q and 8q. If both parents have a history of enuresis, 70% of their children will also have enuresis. If only one parent had enuresis, 40% of their children will be affected and only 15% of children will have enuresis if neither parent had enuresis. These figures are shared by various studies in which a positive family history of enuresis has been documented from 42% to 82%. This study fails to explain the reason for a very low figure of 25.9%.

The need for a more structured and comprehensive study conducted on a larger scale is deeply felt as enuretic children not only exhibit behavioural problems like low self esteem, withdrawal, increased anxiety and being less ambitious, they also have poor social adaptation.

References

Introduction
Enuresis is defined as voiding during sleep. If this is during night it is called Nocturnal Enuresis. A traditional classification separated those of a primary nature "having never experienced a lengthy spell of dry nights" from those of secondary nature "who had a history of being dry for at least 6 months." A further categorization has recently emerged between Monosymptomatic Enuresis and non-monosymptomatic enuresis based, respectively in the absence or presence of bladder dysfunctions. The prevalence and frequency of Primary Nocturnal Enuresis (PNE)