

Nocturnal Enuresis

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So How Many....

- 12.3 million (England) <19 years
- 1 in 12 (4.5 years)
- 1 in 40 (7.5 years)
- 1 in 65 (9.5 years)
- 1 in 100 adults
- 5-7 million children suggested USA data
- 3-6 million UK - BAUS



<http://atlas.chimat.org.uk/IAS/profiles/needsassessments>

PCF Commissioning Guidance for NICE v14 17April2014 (5) doc (Read-Only) [Compatibility Mode] - Microsoft Word non-commercial use

atlas.chimat.org.uk/IAS/profiles/profile?profileId=45&geoTypeId=4#iasProfileSection3

Prevalence of urinary continence problems in children

Bedwetting

The term bedwetting (sometimes called nocturnal enuresis) is used to describe the symptom of involuntary wetting during sleep without any inherent suggestion of frequency or pathophysiology⁹. It is estimated that about 600,000 children in the UK suffer from nocturnal enuresis (persistent bedwetting). The prevalence decreases with age as follows:

Children with nocturnal enuresis, estimates by age

| | Liverpool |
|---|-----------|
| Children with nocturnal enuresis, aged 4-5 (21.3% prevalence) (2011) | 2,075 |
| Children with nocturnal enuresis, aged 7.5 (15.5% prevalence) (2011) | 690 |
| Children with nocturnal enuresis, aged 9.5 (8% prevalence) (2011) | 350 |
| Children with nocturnal enuresis, aged 11-14 (2.5% prevalence) (2011) | 495 |
| Children with nocturnal enuresis, aged 15-19 (1.5% prevalence) (2011) | 520 |

Source: Office for National Statistics mid-year population estimates for 2011.

The Avon Longitudinal Study of Parents and Children (ALSPAC) survey identified that at 7.5 years old the prevalence of bedwetting is high but only 2.4% of this large population-based sample wet at a frequency that meets the definition of nocturnal enuresis (wetting at least twice a week) as defined by the Diagnostic and Statistical Manual of Mental Disorders (fourth edition)¹².

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Knowledge Base

- NICE guideline CG111 & quality standard
- Benchmarking practice
- Cochrane
- Continence care service England Report 2013
- NICE commissioning children's continence services



Impact

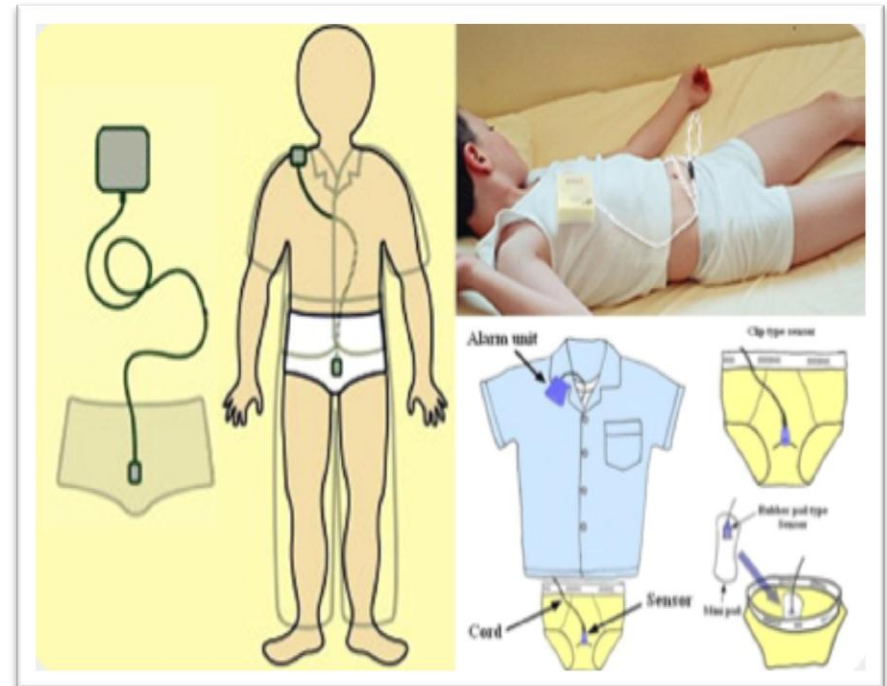
In-Direct Cost

- Emotional context/stress
- Punishment
- Physical issues
- Limitations life experiences / career
- Lost school time etc
- Access other services CAMHs etc



Treatment

- Direct family cost £1,420 (1996) now £2,160 (2013)
- Pharmacology (Desmo £60.68 per month)
- Alarms (£25.99 – wrist worn - £159.00 wireless pants system/bed systems)
- Medical care and interventions / investigations (GP contract / OPA region £100-130 depending on service)
- Appointments scans etc
- PP - FEC could be in the region £1,100 per annum depending on treatments etc



Patient Problem with current services

- Nice says alarms (little change in 20 years)
- Currently independently purchased / NHS
- Returns / waste / failure / contamination
- Limited support
- High drop out rates
- Long term outcomes unclear



Market & Opportunity

We understand from our own research (ERIC) that the alarm needs to be:

- Easy to operate
- Child friendly
- Reasonably priced



Engagement & Outcomes

- Evidence of what young people want
- Parents
- NHS provider
- Independent providers
- Global market
- Environment
- Creativity
- Accessibility
- Other applications
- Areas of interest
- Long term investment / return
- Problem has not reduced – need new ideas





Thank You, Any Questions

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