Elimination of enuresis in children by parent-administered training: a component analysis: a thesis

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Abstract
Recent studies have shown that nocturnal enuresis can be successfully eliminated by parent-administered training in the home. However, many of the existing training packages contain numerous components which may discourage parents from following all training procedures consistently. In the current study a component analysis was conducted to determine which components were most effective in reducing bedwetting over a 2-month treatment program. Twenty-eight children four to eleven years of age were assigned to one of four groups, with seven children in each group. Children received either (1) Cleanliness training, (2) cleanliness training and hourly awakening, (3) positive practice, or (4) a standard training package. The results indicated that cleanliness training and hourly awakening, and positive practice were more effective components in reducing bedwetting. These findings suggest that further research should attempt to identify those child and parent characteristics that are likely to make one treatment approach more effective than another.

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Enuresis alarms are effective in children with primary nocturnal enuresis and should be considered for older, motivated children from cooperative families when behavioral measures are unsuccessful. Desmopressin is most effective in children with nocturnal polyuria and normal bladder capacity. Patients respond to desmopressin more quickly than to alarm systems.
Dry-bed training and bladder training alone are not recommended to treat primary nocturnal enuresis. B: 17, 23. Increased incidence of enuresis in children if one or both parents have a history of enuresis; in the case of twins, both children are usually affected. Maturation delay2,8. Delay in central nervous system maturation and in the development of language and motor skills.