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## **Treatment for Nocturnal Enuresis** **Bell Alarm Therapy**

**Indication:** The purpose of the alarm is to stimulate a conditioned response from the child. The child will have already wet when the alarm goes off. The alarm will go off and it is the responsibility of the parent to awaken the child, walk them to the bathroom, have them finish emptying their bladder and then have them return to their room to change their own sheets. This allows the child to take responsibility for the wetting. After repeated usage, the goal is for the child to remain dry at night or to awaken at night, on their own, to urinate. We recommend using the alarm consecutively for 3 months.

### **DDAVP (Desmopressin acetate)**

**Indication:** This medication is used to treat primary nocturnal enuresis or bedwetting.

**Mechanism of action:** This medication is a synthetic analogue of the natural hormone in your body called antidiuretic hormone (ADH). This helps the child's body produce less urine during the night.

#### **Side effects:**

- Headache in about 4% cases

#### **Dosage:**

- Tablet form 0.2mg
- Tablet may be swallowed, chewed or crushed
- Take medication 1 hour before bedtime
- Limit fluids to no more than 4-6 oz. after 6 pm
- Start by taking 1 tablet (0.2mg) for 4 nights, if dry on 1 tablet your child will continue on this dose for 6 months. If still wet on 1 tablet, try increasing to 2 tabs for 4 nights. If dry on 2 tablets your child will continue on this dosage for 6 months. If still wet on 2 tablets, then you can increase to 3 tablets for 4 nights. If dry on this dose, your child will continue on this for 6 months. If still wet on 3 tablets, the medication may not work for your child at this time. 3 tablets is the maximum dosage.
- Whichever dosage works for your child, we will maintain them on that dosage for 6 months. At the end of 6 months, take your child off of the medication for a drug holiday for approximately 1 week. This also allows you to determine if the wetting has stopped on its own. If the child starts to wet again, we will start over again finding the correct dosage for your child and continue again for another 6 months.
- You may need to wake your child early if they sleep longer than 10 hours and are still wet on the DDAVP. The medication is out of your system and no longer effective after about 10 hours.
- If the medication does not work for your child, please call the office to discuss alternatives such as Tofranil (Imipramine) or the bedwetting alarm. Using 2 treatments at the same time, such as the bell alarm and DDAVP, will sometimes work together to help stop the bedwetting.



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### **Tofranil (Imipramine)**

**Indications:** This medication is classified as a tricyclic antidepressant which has been used to treat nocturnal enuresis for over 30 years.

**Mechanism of action:** It is unclear how this medication works for enuresis. There are multiple theories including: effects on the child's sleep and arousal mechanisms, antispasmodic effects on the bladder and stimulation of ADH (antidiuretic hormone) which reduces the amount of urine produced at night.

#### **Side effects:**

- Nervousness
- Mood changes
- Mild stomach upset
- Constipation
- Sleep disturbances
- Fatigue
- Anxiety
- Fainting

**\*\*\*Toxic doses can be fatal resulting in cardiac problems.\*\*\***

**\*\*\*Keep away from small children and in a locked cabinet.\*\*\***

#### **Dosage:**

- 10-75mg 1 hour before bedtime as directed by physician/nurse practitioner

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