The Diagnosis and Treatment of Enuresis and Functional Daytime Urinary Incontinence

by Alexander von Gontard and Eberhard Kuwertz-Bröking in issue 16/2019

Psychosomatic Perspective Is Missing

Micturition disorders occur temporarily in almost every child, either as wetting or as incontinence (1), but also—especially in girls—as a cause of recurrent urinary tract infections (2). The importance of the interactional aspect between the parents' desire to control the child's bladder function on the one hand and, on the other hand, the child's struggle for autonomy (3), is not sufficiently considered here (4). This also applies to the S2k guideline “Enuresis and Non-organic (Functional) Urinary Incontinence in Children and Adolescents” of the Association of the Scientific Medical Societies in Germany (AWMF).

In micturition disorders, there are certainly also established habits that are easy to treat with behavioral therapy and that have no psychopathological background. But quite often, an interaction disturbance is playing out at this level, which requires an approach that takes into account the psychosocial situation, the experiences, and the needs of the child.

The gradual control over bowel and bladder function in the second to the fourth year of life is an important developmental step that is carefully watched over by parents and should be supported with care, but which has numerous possibilities for disturbances. If a battlefield is created here in which power struggles are carried out, then—similar to sleeping and eating behavior—living together becomes a daily struggle, in which there can only be losers.

Generally speaking, enuresis and functional urinary incontinence represent a childhood psychosomatic disorder. Stressful psychosocial factors are frequently observed. It is important for physicians in everyday practice, when presented with symptoms of enuresis and functional urinary incontinence, to think of a micturition disorder, and then—taking the child's circumstances into account—consider this in the psychodynamic context of autonomy versus control.

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

The psychosomatic perspective is important and plays a crucial role in clinical practice. However, based on recent findings, it must be considered in a differentiated way.

First, micturition disorders are not as common as claimed by Dr. Nolte. Most children have no lower urinary tract disorders. Also, most children with incontinence have no accompanying mental disorder (1). If a comorbid disorder does exist, then, according to the guidelines, it should be treated separately.

Furthermore, the etiologies of the subtypes of incontinence are very different. For example, urinary incontinence with voiding postponement is a predominantly acquired disorder associated with a high rate of oppositional defiant disorder (ODD). Among other effects, this can lead to the conflicts of autonomy described by Dr. Nolte.

Nocturnal enuresis, on the other hand, is a predominantly genetically determined maturation disorder of the central nervous system, with a heritability of 0.7. Providing information about the genetic etiology as well as targeted, effective therapeutic interventions—that is, treating the child with an alarm device—contributes greatly to the relief of the parents. The most common comorbid disorder of nocturnal enuresis is attention deficit/hyperactivity disorder (ADHD), which is also a predominantly genetically determined, neurobiological developmental disorder.

In summary, taking psychological factors into account is important in both diagnosis and therapy. Therefore, all children with enuresis and urinary incontinence should be assessed for comorbid mental disorders. However, the statement that elimination disorders are predominantly psychosomatic must be contradicted. Nonetheless, a differentiated consideration of somatic and psychological factors in subtypes of enuresis and urinary incontinence is absolutely necessary.

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