DAY-TIME INCONTINENCE

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Incontinence is a very common problem in childhood. One in five otherwise healthy five year-olds and one in seven school-age children are incontinent during the day or night. This leaflet is about leakage of urine during the day-time in children who are five years or older

It was previously believed that family problems, psychiatrical disorders or early trauma was the main cause behind incontinence in childhood. We now know that, although this may still be true in isolated cases, the main reason for otherwise healthy children to be incontinent is that the maturation of the part of the nervous system that controls the bladder has been disturbed. Probably, factors such as ”too efficient” diapers, lack of potty training and unsatisfactory school toilets may also delay or disturb the child’s bladder control.

To be incontinent is a terrible problem for the child, especially in the younger age groups. It has been shown that incontinent children have lower self-esteem than their friends. Thus, even if the medical risks of incontinence are usually small, evaluation and treatment should definitively be offered.

The usual starting procedure when evaluating an incontinent child is that the family is asked to fill in a paper at home during a few days, noting how often the child goes to the toilet, how much urine is passed and when there is leakage (a so-called ”bladder diary”). It is important that the doctor gets to know the ”toilet habits” of the child: is it difficult for the child to start emptying the bladder? Does it have to strain or compress the stomach when peeing? Does the child void in one full portion or several small squirts at a time? Is the stream weak? Does the emptying of the bladder take a long time? Is there continuously dribbling urine leakage? Does urine leak when the child exerts him-/herself? Does the child often feel that the bladder is not completely emptied after going to the toilet? These questions are important to rule out underlying anatomical malformations or damage to the kidneys or nervous system. Much more common among incontinent children is, however, that they have an ”irritable” bladder – with a tendency to contract without warning and without being full – combined with a reduced ability of the child to react to the signals from the bladder in time.

A urine test should be taken from all incontinent children, in order to rule out bacterial infection. In many pediatric wards so-called uroflow measurements are also performed; this means that the child is asked to pee on a toilet that measures the flow of the urine and prints it as a curve on a piece of paper. This curve gives valuable information about the function of the bladder, including the amount of urine passed and the time it took. Afterwards the completeness of bladder emptying is measured with a simple ultrasound apparatus. The procedure is usually repeated one or two times.

The usual first treatment is so-called bladder training. The goal is that the child should become ”master” of his/her bladder and be able to take larger responsibility, with the support of family, school and nurse or doctor. Age-adapted information about how the bladder functions or malfunctions, combined with strict toilet routines (regular voiding times), often alone makes the child dry. Sometimes a bladder-relaxing drug (a so-called anticholinergic), that makes it possible for the bladder to contain larger amounts of urine, may be needed as well.

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