

problem ([Elder, 2016](#)). Nocturnal enuresis has a strong familial tendency.

The physical examination may be followed by diagnostic evaluation of function bladder capacity. Normal bladder capacity (in ounces) is the child's age plus 2 (up to 14 years old); therefore normal bladder capacity for a 6-year-old is 8 ounces (237 ml). A bladder volume of 10 to 12 ounces (300 to 350 ml) is sufficient to hold a night's urine.

Enuresis has been treated in several ways. No single method has achieved universal endorsement, and more than one technique is often employed by families coping with enuresis. Therapeutic techniques used to manage nocturnal enuresis include medications, complementary and alternative medicine techniques, such as hypnotherapy, restriction or elimination of fluids after the evening meal, avoidance of caffeinated and sugar-containing beverages after 4 PM, purposeful interruption of sleep to void, and motivational therapy. Devices designed to establish a conditioned reflex response to waken the child at the initiation of voiding, such as bedwetting alarms, are the first-line treatment for children with nocturnal enuresis ([Deshpande and Caldwell, 2012](#)).

Drug therapy can be prescribed to treat enuresis. The selection depends on the interpretation of the cause. Desmopressin acetate (DDAVP), an analog of vasopressin, is commonly used for the treatment of nocturnal enuresis. DDAVP works by increasing water reabsorption thus reducing urine production to a volume less than functional bladder capacity. The medication is available as a nasal spray or oral preparation and is generally well tolerated but may cause nasal irritation, hyponatremia, or, rarely, headache or nausea. The drug imipramine (Tofranil) exerts an anticholinergic action in the bladder to inhibit urination. A systematic review of 58 trials showed that imipramine cured bedwetting in 20% of children; however, almost all children relapse when the medication is stopped ([Caldwell, Deshpande, and Von Gontard, 2013](#)). Because side effects of this drug, including cardiac arrhythmias, hypotension, and hepatotoxicity, are especially dangerous, this medication is used with resistant cases only ([Caldwell, Deshpande, and Von Gontard, 2013](#)). Anticholinergic drugs, such as oxybutynin, reduce uninhibited bladder contractions and increase the bladder's storage capacity. These medications are commonly