

troublesome disorder that is defined as intentional or involuntary passage of urine in children who are beyond the age when voluntary bladder control should normally have been acquired. Medical evaluation is recommended when inappropriate voiding of urine occurs at least once a month for a minimum of 3 consecutive months, and the chronologic or developmental age of the child is at least 5 years old (Caldwell, Deshpande, and Von Gontard, 2013). In addition, the urinary incontinence must not be related to the direct physiologic effects of a medication (e.g., diuretics) or a general medical condition (e.g., diabetes mellitus or diabetes insipidus, spina bifida, or seizure disorder).

Enuresis is more common in boys (Caldwell, Deshpande, and Von Gontard, 2013); nocturnal bedwetting usually ceases between 6 and 8 years old. Enuresis can also be defined as **primary** (bedwetting in children who have never been dry for extended periods) or **secondary** (the onset of wetting after a period of established urinary continence). The passage of urine may occur only during nighttime sleep, with the child remaining dry during the day (monosymptomatic), or it may be polysymptomatic, where the child has daytime urinary urgency and an occasional daytime accident in conjunction with other conditions, such as sleep disorders, urinary tract infection, neurologic impairment, constipation, or emotional stressors (Elder, 2016).

During the initial phases of evaluation, a routine physical examination is performed to rule out physical causes related to enuresis. These include structural disorders of the urinary tract; urinary tract infection; neurologic deficits; disorders that increase the normal output of urine, such as diabetes; and disorders that impair the concentrating ability of the kidneys, such as chronic renal failure. In other cases, enuresis is influenced by psychological factors. If psychological difficulties are evident, a routine psychiatric evaluation is warranted.

A detailed history of voiding and bowel habits is obtained, including information about the toilet training process. An important feature of assessment is a baseline count of enuretic incidents and the time of day when each occurs. Despite parental reports that these children sleep more soundly than other children, the depth of sleep has not been identified as the cause of nocturnal enuresis, although defective sleep arousal may contribute to the