

Treatment of Monosymptomatic Nocturnal Enuresis in Adolescence: Sertraline for Nonresponders to Desmopressin

Introduction and Objectives: One of the challenges in the management of Monosymptomatic Nocturnal Enuresis (MNE) especially in adolescents is response failure to medical regimens such as desmopressin. Our study attempts to address the efficacy of sertraline in treatment of adolescent patients with enuresis who have experienced failure to previous desmopressin therapy.

Materials and Methods: There were 25 adolescents (13-18 years) with MNE refractory to desmopressin enrolled consecutively in a prospective study. All patients had more than four wet nights per week. Patients were asked to take 1 oral tablet of sertraline (50mg) at the morning after meal. Follow-up visits were every 6 weeks and the final follow-up visit was 6 months after terminating treatment. Comparisons of the number of wet nights in the pretreatment nocturnal records and during the follow-up visits were used to determine the efficacy of therapy.

Results: A significant reduction in the mean number of wet nights was found ($p < 0.05$). The primary efficacy outcome was achieved in 18 of the 25 (72%) patients; twelve patients had full response and six patients had partial response. Four of 25 children (16%) presented with a relapse after 6 months of follow-up. Drug-related adverse events were rare.

Conclusion: In the current series of patients, a significant decrease in the risk of wet episodes was found. Sertraline effectively treated adolescents with MNE who have experienced failure to desmopressin therapy. With respect to favorable efficacy outcome of sertraline and scarce drug-related adverse effects, it can be proposed as a new effective treatment for MNE.