# APPENDIX B- NICE Nocturnal Enuresis / Bedwetting Guideline: Key clinical Questions and Search Strategies

#### Background link between the scope and questions

Questions listed have been developed in relation to the clinical areas covered in the NICE NE guideline scope. Each question has been written to cover a specific dimension of an area in the scope. The questions have been developed by the technical team in consultation with the clinical advisor who has provided guidance on wording and clinical relevance of the specific questions.

The questions are structured according to the PICO format, i.e. they consist of the **population**, **intervention(s)**, **comparison(s)**, and **outcome(s)** of interest to the guideline developers. The purpose of formatting questions in this style is so that structured literature searches of relevant electronic databases (e.g. Medline, Embase, CINAHL) can be developed by information scientists in order to identify relevant research studies.

Each question is essentially a topic for an individual systematic review conducted during the development phase of the guideline. Questions shaded in grey are to be combined and those in light blue are confirmed.

Clinical Question	Type of Study	Population	Intervention	Comparator	Proposed Outcome
Assessm ent					
What are the core elements of initial clinical history and examinatio n, in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting)?	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub group to include patients with:  Special needs (learning disabilities, emotional and ADHD)	History taking and examination	None	Excluding secondary causes  Establish pattern of wetting to include:  Overactive bladder  Constipation
General evidence review on assessme nt.					
What are the core laboratory urine / blood	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)	Laboratory urine / blood tests	None Other diagnostic tool	Excluding secondary causes  Establish pattern of wetting to include

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tests in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting)? General evidence review on assessme nt What is the incremental	Non-RCT studies	Children and young people under 19 years old who have	Radiological examinations	None	Overactive bladder  Excluding secondary causes
benefit and cost effectivene		nocturnal enuresis (bedwetting)  Therapy resistant children	(e.g. ultrasound)	Other diagnostic tool	Establish pattern of wetting to include
ss of radiologic al examinatio n, in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting )?  General evidence review on assessme nt	Non-RCT	Daytime symptoms  UTI  Constipation	Rladder diaries	None	Overactive bladder
What are the core elements of bladder diaries and other assessme nt tools, in the evaluation of children and young people under 19 years old who have nocturnal	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)	Bladder diaries and other tools	None Other diagnostic tool	Excluding secondary causes  Establish pattern of wetting to include  Overactive bladder

enuresis?					
General evidence review on assessme nt					
How should a psychologi cal assessme nt be conducted, in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting)? General evidence review on assessme nt	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)	Psychological assessment	None Other diagnostic tool	Excluding secondary causes  Establish pattern of wetting to include  Overactive bladder
Support and follow up/ relapse preventi on	RCT for general NE (bedwettin g)populati on				
	Non-RCT studies (CCT, cohort level) for subgroup data.				
What is the clinical and cost effectivene ss of support	RCT for general NE population	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:	Support and follow up for patients	No support or follow up	Continued success  Relapse prevention  Psychological effects(self-esteem,
and follow up care for children and young people under 19 years old who have	Non-RCT studies (CCT, cohort level) for subgroup data.	Day time symptoms Young (under 7 years) Special needs (learning disabilities, emotional and ADHD)			Quality of life measure  Drop out

nocturnal enuresis (bedwetting )? No evidence indentified		Severe wetting (6-7 nights a week)  Previously successful and with subsequent relapse			
What is the clinical and cost effectivene ss of support and follow up care for the parents and carers of children and young people under 19 years old who have nocturnal enuresis (bedwetting)?	RCT for general NE population  Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time symptoms  Young (under 7 years)  Special needs (learning disabilities, emotional and ADHD)  Severe wetting (6-7 nights a week)  Previously successful and with subsequent relapse	Support and follow up for parents and carers Support groups	No support or follow up	Continued success  Relapse prevention  Psychological effects(self-esteem, self-concept, PinQ)  Quality of life measure  Drop out
No evidence indentified					
What is the clinical and cost effectivene ss of relapse prevention strategies for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?	RCT for general NE (bedwettin g)populati on Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time symptoms  Young (under 7 years)  Special needs (learning disabilities, emotional and ADHD)  Severe wetting (6-7 nights a week)  Previously successful and with subsequent relapse	Relapse prevention strategies ( e.g. follow-up, over- learning specifically to alarms, intermittent use, sudden or slow withdrawal)  Drug or alarm	No relapse prevention strategies	Continued success  Relapse prevention  Psychological effects(self-esteem, self-concept, PinQ)  Quality of life measure  Drop out
No evidence indentified					

What is the clinical and cost effectivene ss of treating relapses in previously successful in children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  No evidence indentified  What is clinical and cost effectivene ss of additional investigati on and treatment in children who have not responded to an adequate trial of both desmopres sin and or alarms?	RCT for general NE (bedwere g) population on Non-RC studies (CCT, cohort level) for subground data.  RCT for general NE populati (bedwere g)  Non-RC studies (CCT, cohort level) for subground data.	ttin ati  T  T  T  T  T  T  T  T  T  T  T  T  T	hildren and young people nder 19 years old who have octurnal enuresis bedwetting) who have been nsuccessful in previous eatments ub groups to include patientith:  ay time symptoms oung (under 7 years) pecial needs (learning sabilities, emotional and DHD) evere wetting (6-7 nights a eek)	ıts	Psychologiassessing Radiologianvestigation Treatmessecond to query artereatment	gical gical ations ent for time- ny other			Dry mor succe Dry year Adve Psyc (self conce Qua mea	uction/change in aber of wet nights for 14 secutive nights for 6 consecutive aths (continuing cess) for 2 consecutive rs? erse events chological effects f-esteem, self-cept, PinQ) ality of life asure p-outs
Patient Choice										To consider special needs children
In children an young people with nocturna enuresis (bedwetting), how does patient or parent/carer choice over	Int	irvey, tervie	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time wetting, urinary urgency and	Pat car cho		Patient choice compared to parent/care r choice compared to clinician choice	е	Reduction/char in number of we nights  Dry for 14 consecutive nights  Dry for 6 consecutive	et	Looking for patient preference trials, otherwise extrapolations, narrative etc.

treatment intervention influence treatment outcomes?  Evidence Review		frequency  No day time symptoms (monossymptomatic NE)  Nocturnal Poliurialarge amounts of dilute urine in the first 1/3 of the night.  Young (under 7 years)  Special needs (learning disabilities, emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history		months (continuing success)  Dry for 2 consecutive years?  Adverse events  Psychological effects (selfesteem, selfconcept, PinQ)  Quality of life measure  Drop-outs	
		Previously successful with alarm and with subsequent relapse			
Family Impact					
What is the family impact of children and young people aged under 19 who have Nocturnal Enuresis (bedwetting)?	Surveys, Interview s	All groups			
Evidence Review					
Under 5 Year olds					
What are the predictive, prevention, and treatment options for 5-7 year olds?	RCT for general NE (bedwetti ng)popul ation	General NE (bedwetting)population Bladder dysfunction			
Review	studies				

	(00 <del>-</del>		<u> </u>		
	(CCT, cohort				
	level) for				
	subgroup data				
Complex	1				
behavioural					
What is the	RCT for	Children and	Dry had training	No treatment	Doduction/shange
clinical and cost	general NE	young	Dry bed training	ino treatment	Reduction/change in number of wet
effectiveness of	(bedwetting)	o people	Core components:	Alarms	nights
dry bed training for	opulation	under 19 years old	-regular waking -drinking	Other	Dry for 14
children and		who have	-with or without alarm	treatment	consecutive nights
young people	N. DOT	nocturnal			D. (0
under 19 years old who have	Non-RCT studies (CCT	enuresis (bedwetting)	(will need to further define but		Dry for 6 consecutive
nocturnal	cohort level)	Sub groups	from Cochrane reviews: waking		months (continuing
enuresis (bedwetting)?	for subgroup data.	to include patients	each hour, cleanliness training, positive practice)		success)
	Janu.	with:	Full spectrum training (alarm with		Dry for 2
Evidence Review		Day time	retention control, overlearning, cleanliness training)		consecutive years?
I CVICW		wetting,	Cleariniess training)		years:
		urinary			Adverse events
		urgency and frequency			Psychological
					effects (self-
		No day time symptoms			esteem, self- concept, PinQ)
		(monossym			,
		ptomatic NE)			Quality of life measure
		ŕ			
		Nocturnal Poliuria-			Drop-outs
		large			
		amounts of dilute urine			
		in the first			
		1/3 of the			
		night.			
		Constipation			
		Young			
		(under 7			
		years)			
		Special			
		needs (learning			
		disabilities,			
		emotional and			
		behavioural			
		e.g. ADHD)			
		Secondary			
		onset			

Simple behavioural		Severe wetting (6-7 nights a week)  Family history  Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of bladder training / retention control training for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review	RCT for general NE (bedwetting)p opulation  Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time wetting, urinary urgency and frequency (polissympt omatic)  No day time symptoms (monossym ptomatic NE)  Nocturnal Poliurialarge amounts of dilute urine in the first 1/3 of the night.  Constipation  Young (under 7	Daytime bladder training Retention control training	No treatment Other treatment	Reduction/change in number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events  Psychological effects (selfesteem, selfconcept, PinQ)  Quality of life measure  Drop-outs

		years)			
		Special needs (learning disabilities, emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of fluid and dietary advice for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review	RCT for general NE (bedwetting )population  Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time wetting, urinary urgency and frequency (polissympto matic)  No day time symptoms (monossympt omatic NE)  Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.  Constipation	Night time fluid restriction Increasing day time fluids Diet advice Diet or food restriction	No treatment Other treatment	Reduction/change in number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure  Drop-outs

What is the clinical and cost effectiveness of star charts and other reward systems for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review  RCT for general NE (bedwetting) hoppulation  Non-RCT studies (CCT, cohort level) for subgroup data		Star charts and other reward systems	No treatment Other treatment	Reduction/change in number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure  Drop-outs  Behaviour changes
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Alarms		emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of alarms for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review	RCT for general NE (bedwetting )population  Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time wetting, urinary urgency and frequency (polissympto matic)  No day time symptoms (monossympt omatic NE)  Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.  Young (under 7 years)  Special needs (learning	Alarm alone (body worn, bed, vibrating, wireless, voice recorded, multi-tone, bell and pad)	No treatment;  Alarm and drugs (Desmopressin, Imipramine, amitriptyline, nortriptaline, anticolinergic oxybutinin, long-acting tolterodine)  Drugs (Desmopressin, Imipramine, amitriptyline, nortriptaline, anticolinergic oxybutinin, long-acting tolterodine)  Other treatment; Alarm with behavioural treatment (dry bed training)  Complementary therapies  Standard advice/care  Alarm and support	Reduction/change in number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events (sleep disruption, false alarms, dropouts)  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure  Drop-outs

Drugs  What is the	RCT for	emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously successful with alarm and with subsequent relapse  Children and young poorle	Desmopres	No treatment	Reduction/change in
clinical and cost effectiveness of desmopressin (nasal, tablets and melts) for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review	general NE (bedwetting )population  Non-RCT studies (CCT, cohort level) for subgroup data	young people under 19 years old who have nocturnal enuresis Sub groups to include patients with:  Day time wetting, urinary urgency and frequency (polissympto matic)  No day time symptoms (monossympt omatic NE)  Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.  Young (under 7 years)  Children with sickle cell	sin Nasal, tablets and melts (N.B. nasal not licensed for NE but much evidence from this area)	Other treatment (alarm, desmo combined with anticolinergic-oxibutinin, alarm combined with desmopressin, imipromine  Placebo	number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events (fluid retention, constipation)  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure  Drop-outs

	1	diagona			T
What is the clinical and cost effectiveness of desmopressin (nasal, tablets and melts) for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  (High versus Low Dosages)  Evidence Review	Additional Searches- Non-RCT studies (CCT, cohort level)	disease  Special needs (learning disabilities, emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously successful with alarm and with subsequent relapse  Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time wetting, urinary urgency and frequency (polissympto matic)  No day time symptoms (monossympt omatic NE)  Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.  Young (under 7 years)  Children with sickle cell	Desmopres sin Nasal, tablets and melts (N.B. nasal not licensed for NE but much evidence from this area)	No treatment Other treatment (alarm, desmo combined with anticolinergic-oxibutinin, alarm combined with desmopressin, imipromine Placebo	Reduction/change in number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events (fluid retention, constipation)  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure  Drop-outs
		disease			

What is the clinical and cost effectiveness of	RCT for general NE (bedwetting	Special needs (learning disabilities, emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously successful with alarm and with subsequent relapse  Children and young people under 19 years	Tricyclic drugs – Imipramine,	No treatment Other treatment	Reduction/change in number of wet nights
tricyclic drugs for children and young people under 19 years old who have nocturnal enuresis(bedwe tting)?  Evidence Review	Non-RCT studies (CCT, cohort level) for subgroup data	old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time wetting, urinary urgency and frequency (polissympto matic)  No day time symptoms (monossymptomatic NE)  Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.  Young (under 7 years)  Children with sickle cell disease	amitriptyline , nortriptaline	Placebo	Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events (fluid retention, constipation)  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure  Drop-outs

What is the clinical and cost effectiveness of anticholinergic drugs for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review  RCT for general N (bedwetti) population (bedwetti) population (bedwetti) population (bedwetti) population (bedwetti) population (bedwetting) attained (b	under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time	Oxybutinin (licensed) Long-acting Tolterodine (not licensed) is in the BNF for children	No treatment Other treatment Placebo Combination	Reduction/change in number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events (fluid retention, constipation)  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure  Drop-outs
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		(learning disabilities,			
		emotional and behavioural e.g. ADHD)			
		Secondary onset			
		Severe wetting (6-7 nights a week)			
		Family history			
		Previously successful with alarm and with subsequent relapse			
What is the	Non-RCT	Children and	Oxybutinin	No treatment	Reduction/change in
clinical and cost effectiveness of	studies (CCT,	young people under 19 years	(licensed) is in the BNF for children	Other treatment	number of wet nights
dose escalation in	cohort level) for	old who have nocturnal	ior chilaren	Placebo	Dry for 14 consecutive nights
oxybutinin for children and young people under 19 years old who have	subgroup data	enuresis (bedwetting) Sub groups to include patients with:		Combination	Dry for 6 consecutive months (continuing success)
nocturnal enuresis		Day time			Dry for 2 consecutive years?
(bedwetting)  Evidence Review		wetting, urinary urgency and frequency (polissympto matic)			Adverse events (fluid retention, constipation)  Psychological
		No day time			effects (self-esteem, self-concept, PinQ)
		symptoms (monossympt omatic NE)			Quality of life measure
		Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.			Drop-outs
		Young (under 7 years)			
		Children with sickle cell disease			
		Special needs (learning			

		disabilities, emotional and behavioural			
		e.g. ADHD)			
		Secondary onset			
		Severe wetting (6-7 nights a week)			
		Family history			
		Previously successful with alarm and with subsequent			
What is the	Non-RCT	relapse Children and	Imipramine	No treatment	Reduction/change in
clinical and cost effectiveness of	studies (CCT,	young people under 19 years		Other treatment	number of wet nights
dose escalation in imipramine for	cohort level) for subgroup	old who have nocturnal enuresis		Placebo	Dry for 14 consecutive nights
children and young people under 19 years old who have	data	(bedwetting) Sub groups to include patients with:		Combination	Dry for 6 consecutive months (continuing success)
nocturnal enuresis		Day time			Dry for 2 consecutive years?
(bedwetting)  Evidence Review		wetting, urinary urgency and frequency			Adverse events (fluid retention, constipation)
		(polissympto matic)			Psychological effects (self-esteem,
		No day time symptoms			self-concept, PinQ)
		(monossympt omatic NE)			Quality of life measure
		Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of			Drop-outs
		the night.			
		Young (under 7 years)			
		Children with sickle cell disease			
		Special needs (learning disabilities, emotional and			

Education / psychologic al intervention s		behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously successful with alarm and with subsequent relapse		
What is the clinical and cost effectiveness of educational/inf ormation interventions for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review  What are the educational needs of children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  No evidence identified.	RCT for general NE (bedwetting )population  Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)  Sub groups to include patients with:  Special needs (learning disabilities, emotional and ADHD)		

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What is the	RCT for	Children and		
clinical and cost effectiveness of	general NE	young people		
	(bedwetting	under 19 years old who have		
psychological interventions	)population			
for children and		nocturnal		
		enuresis		
young people	Non DOT	(bedwetting)		
under 19 years old who have	Non-RCT studies	Sub groups to include		
nocturnal	(CCT,			
enuresis	cohort	patients with:		
(bedwetting)?	level) for	Day time		
(bedwetting):	subgroup	wetting,		
Evidence	data	urinary		
Review	data	urgency and		
I TO TO W		frequency		
		(polissympto		
		matic)		
		No day time		
		symptoms		
		(monossympt		
		omatic NE)		
		Nocturnal		
		Poliuria- large		
		amounts of		
		dilute urine in		
		the first 1/3 of		
		the night.		
		Young (under		
		7 years)		
		Special needs		
		(learning		
		disabilities,		
		emotional and		
		behavioural		
		e.g. ADHD)		
		Secondary		
		onset		
		311001		
		Severe wetting		
		(6-7 nights a		
		week)		
		Family history		
		Previously		
		successful with		
		alarm and with		
		subsequent		
		relapse		

What is the clinical and cost effectiveness of alternative interventions for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review  RCT for general NE (bedwetting) alternative interventions for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review  RCT for general NE (bedwetting) alternative interventions for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?  Evidence Review  Reflexology  Reflexology	Alternative intervention s					
the first 1/3 of the night.  Young (under 7 years)  Special needs (learning disabilities, emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously successful with	what is the clinical and cost effectiveness of alternative interventions for children and young people under 19 years old who have nocturnal enuresis (bedwetting)?	general NE (bedwetting ) population  Non-RCT studies (CCT, cohort level) for subgroup	young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:  Day time wetting, urinary urgency and frequency (polissympto matic)  No day time symptoms (monosympto matic NE)  Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.  Young (under 7 years)  Special needs (learning disabilities, emotional and behavioural e.g. ADHD)  Secondary onset  Severe wetting (6-7 nights a week)  Family history  Previously	e Hypnothera py Chiropractic Homeopath y Cranial osteopathy	Other treatment	number of wet nights  Dry for 14 consecutive nights  Dry for 6 consecutive months (continuing success)  Dry for 2 consecutive years?  Adverse events  Psychological effects (self-esteem, self-concept, PinQ)  Quality of life measure

		rolongo			
		relapse			
What is the	RCT for	Children and	Drug, alarm	No treatment	Continued success
clinical and cost	general NE	young people	or any other		
effectiveness of	(bedwetting	under 19 years	intervention	Other treatment	Response/ partial
the treatment	)population	old who have	listed under		response
for children and	/ '	nocturnal	the KCQs		,
young people		enuresis			Psychological
aged under 19		(bedwetting)			effects(self-esteem,
years of age	Non-RCT	Sub groups to			self-concept, PinQ)
who have	studies	include			Seli-concept, Find)
					Ovality of life
nocturnal	(CCT,	patients with:			Quality of life
enuresis	cohort				measure
(bedwetting)	level) for	Day time			
and who do	subgroup	symptoms			Drop out
not respond to	data.				
initial		Young (under			
treatment with		7 years)			
desmopressin					
and / or		Special needs			
enuresis		(learning			
alarms)?		disabilities,			
		emotional and			
Evidence		ADHD)			
Review		ADITO)			
IVEAICAA		Covere wetting			
		Severe wetting			
		(6-7 nights a			
		week)			
		Previously			
		successful and			
		with			
		subsequent			
		relapse			

# Nocturnal enuresis (bedwetting) search strategies

The strategies were developed for use on the OVID interface and Search 2 via NLH. The following databases were searched: Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment Database (HTA), MEDLINE, EMBASE, CENTRAL, CINAHL and PsycINFO.

The Economic literature was searched using an economic and quality of life filter developed by ScHARR for Medline and EMBASE. The following were searched: NHS Economic Evaluations Database (NHSEED), MEDLINE, and EMBASE.

Searches were conducted for systematic reviews and randomised controlled trials using search filters developed by the Centre for Reviews and Dissemination, SIGN and Cochrane Collaboration.

Additional searches were undertaken for studies of other designs.

Copies of all the search strategies are available on request from the National Clinical Guidelines Centre.

CENTRAL database via Cochrane Library Issue 4 2008

Searched 14/10/08 update 13/11/09

#1 MeSH descriptor Nocturnal Enuresis explode all trees

#2 (betwett\* or (bed near/2 wett\*)):ti,ab

#3 (nocturna\* near/2 (enuresis or enuretic\* or incontinence)):ti,ab

#4 (night\* near/2 (enuresis or enuretic\* or incontinence)):ti,ab

#5 (sleep near/2 (enuresis or enuretic\* or incontinence)):ti,ab

#6 (enuresis near/1 nocturna):ti,ab

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#7 (child* near/1 enuresis):ti,ab
#8 MeSH descriptor Enuresis, this term only
#9 MeSH descriptor Pediatrics, this term only
#10 MeSH descriptor Adolescent, this term only
#11 (child* or pediatric* or paediatric* or boy* or girl* or juvenile* or teen* or adolescen* or
youth*):ti,ab
#12 child*:kw
#13 (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7)
#14 (#9 OR #10 OR #11 OR #12)
#15 (#8 AND #14)
#16 (#13 OR #15)
DARE database 1995-2008 & HTA Database 1995-2008
Via CRD Databases http://www.crd.york.ac.uk/CRDWeb/
Searched 13/10/08, update 13/11/09
#1 enuresis
# 2 MeSH Enuresis EXPLODE
#3 bedwet*
#4 bed NEAR wet*
# 5 night* NEAR incontinence
# 6 sleep* NEAR incontinence
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#7 enuretic\*

#8 nocturnal NEAR incontinence

# 9 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8

Database: Ovid MEDLINE(R) <1950 to present

Via Ovid SP searched 13/10/08, 26/02/09

Update search: 15/12/09

## 1.1 Search Strategy:

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- 1 Nocturnal Enuresis/
- 2 (bedwett\$ or (bed adj2 wett\$)).ti,ab.
- 3 (enuresis adj nocturna).ti,ab.
- 4 (nocturna\$ adj2 (enuresis or enuretic\$ or incontinence)).ti,ab.
- 5 (night\$ adj2 (enuresis or enuretic\$ or incontinence)).ti,ab.
- 6 (sleep adj2 (enuresis or enuretic\$ or incontinence)).ti,ab.
- 7 (child\$ adj enuresis).ti,ab.
- 8 or/1-7
- 9 Enuresis/
- 10 exp child/
- 11 pediatrics/

12	adolescent/
13 you	(child\$ or pediatric\$ or paediatric\$ or boy\$ or girl\$ or juvenile\$ or teen\$ or adolescen\$ or ith\$).ti,ab.
14	or/10-13
15	9 and 14
16	8 or 15
Dat	tabase: EMBASE <1980 to present
Sea	arched 13/10/08 and 26/02/09
upo	date search: 15/12/09
Sea	arch Strategy:
1	Nocturnal Enuresis/
2	(bed wett\$ or (bed adj2 wett\$)).ti,ab.
3	enuresis nocturna.ti,ab.
4	(nocturna\$ adj2 (enuresis or enuretic\$ or incontinence)).ti,ab.
5	(night\$ adj2 (enuresis or enureetic\$ or incontinence)).ti,ab.
6	(sleep adj2 (enuresis or enuretic\$ or incontinence)).ti,ab.
7	(child\$ adj enuresis).ti,ab.
8	or/1-7
9	ENURESIS/

Child/

- 11 pediatrics/
- 12 Adolescent/
- 13 juvenile/
- 14 (child\$ or pediatric\$ or paediatric\$ or boy\$ or girl\$ or juvenile\$ or teen\$ or adolescen\$ or youth\$).ti,ab.
- 15 or/10-14
- 16 9 and 15
- 17 8 or 16

Cinahl 1982-present via NLH Search 2

Searched 14/10/08, 26/2/09

Update search 13/11/09

## 1.2 Search History:

- 2. CINAHL; (enuresis ADJ nocturna).ti,ab; .
- 6. CINAHL; (child\* ADJ enuresis).ti,ab;
- 7. CINAHL; (nocturna adj2 enuresis).ti,ab;
- 8. CINAHL; (nocturna\* adj2 enuresis).ti,ab; .
- 9. CINAHL; (nocturna\* adj2 enuretic\*).ti,ab;
- 10. CINAHL; (nocturna\* adj2 incontinence\*).ti,ab;
- 11. CINAHL; (sleep adj2 enuresis).ti,ab;
- 12. CINAHL; (sleep adj2 enuret\*).ti,ab;

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13. CINAHL; (sleep adj2 incontinence*).ti,ab;
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14. CINAHL; (night* adj2 enuresis).ti,ab;
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- 15. CINAHL; (night\* adj2 enuret\*).ti,ab;
- 16. CINAHL; (night\* adj2 incontinence).ti,ab;
- 17. CINAHL; (bedwett\*).ti,ab;
- 19. CINAHL; (bed adj1 wett\*).ti,ab; .
- 20. CINAHL; 2 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 19;
- 21. CINAHL; ENURESIS/;.
- 22. CINAHL; exp CHILD/;
- 23. CINAHL; PEDIATRICS/;
- 24. CINAHL; ADOLESCENCE/;
- 25. CINAHL; (child\* OR pediatric\* OR paediatric\*).ti,ab;
- 26. CINAHL; (boy\* OR girl\* OR juvenile\*).ti,ab;
- 27. CINAHL; (adolescen\* OR teen\* OR youth\*).ti,ab;
- 28. CINAHL; 22 OR 23 OR 24 OR 25 OR 26 OR 27;
- 29. CINAHL; 21 AND 28;
- 30. CINAHL; 20 OR 29;

PsycINFO 1802-present via NLH Search 2

Searched 14/10/08, 26/02/09

### Search History:

- 1. PsycINFO, (bedwett\*).ti,ab;
- 3. PsycINFO, (bed adj2 wett\*).ti,ab;
- 4. PsycINFO, (enuresis ADJ nocturna).ti,ab;
- 5. PsycINFO, (nocturna\* adj2 enuresis).ti,ab;
- 6. PsycINFO, (nocturna\* adj2 enuret\*).ti,ab;
- 7. PsycINFO, (nocturna\* adj2 incontinence).ti,ab;
- 8. PsycINFO, (night\* adj2 incontinence).ti,ab; .
- 9. PsycINFO, (night\* adj2 enuret\*).ti,ab;
- 10. PsycINFO (night\* adj2 enuresis).ti,ab;
- 11. PsycINFO, (sleep adj2 enuresis).ti,ab; .
- 12. PsycINFO, (sleep adj2 enuret\*).ti,ab;
- 13. PsycINFO, (sleep adj2 incontinence).ti,ab;
- 14. PsycINFO, (child\* adj1 enuresis).ti,ab;
- 15. PsycINFO, 1 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14;