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
Assessme nt					
What are the core elements of initial clinical history and examination , in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting) ? General evidence review on assessment.	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
What are the core	Non-RCT studies	Children and young people under 19 years old who have nocturnal	Laboratory urine / blood tests	None	Excluding secondary causes

laboratory		enuresis (bedwetting)		Other diagnostic	
urine /		endresis (bedwettilig)		tool	Establish pattern of
blood tests				1001	
					wetting to include
in the					Overactive bladder
evaluation					Overactive bladder
of children					
and young					
people					
under 19					
years old					
who have					
nocturnal					
enuresis					
(bedwetting)					
?					
General					
evidence					
review on					
assessment	Non DOT	Children and	Dadiala III	Niere	Foodback (
What is the	Non-RCT	Children and young people under	Radiological	None	Excluding secondary
incremental	studies	19 years old who have nocturnal	examinations (e.g.	O. 1	causes
benefit and		enuresis (bedwetting)	ultrasound)	Other diagnostic	5 . I.P. I
cost		The area and a sinks ask abilities a		tool	Establish pattern of
effectivenes		Therapy resistant children			wetting to include
s of		De time e mante me			Occasiona attivis della alabasia
radiological		Daytime symptoms			Overactive bladder
examination					
, in the		UTI			
evaluation					
of children		Constipation			
and young					
people					
under 19					
years old					
who have					
nocturnal					
enuresis					
(bedwetting)					
3					
Comparel					
General evidence					
review on assessment					
What are	Non-RCT	Children and young nearly under	Bladder diaries and	None	Eveluding secondary
	studies	Children and young people under 19 years old who have nocturnal	other tools	None	Excluding secondary
the core elements of	studies	I	טנוופו נטטוג	Other diagrastic	causes
bladder		enuresis (bedwetting)		Other diagnostic tool	Establish nattorn of
diaries and				1001	Establish pattern of
other					wetting to include
					Overactive bladder
assessment					Overactive bladder
tools, in the					
evaluation					
of children					
and young					

	Т	T .	T	Т	,
people					
under 19					
years old					
who have					
nocturnal					
enuresis?					
General					
evidence					
review on					
assessment					
How should	Non-RCT	Children and young people under	Psychological	None	Excluding secondary
	studies	19 years old who have nocturnal	assessment	None	
a	studies		assessifient	0.1 1: .:	causes
psychologic		enuresis (bedwetting)		Other diagnostic	
al				tool	Establish pattern of
assessment					wetting to include
be					
conducted,					Overactive bladder
in the					
evaluation					
of children					
and young					
people					
under 19					
years old					
who have					
nocturnal					
enuresis					
(bedwetting)					
?					
General					
evidence					
review on					
assessment					
Support	RCT for				
_ = =	general NE				
and	(bedwettin				
follow up/					
relapse	g)populatio				
	n				
preventio					
n					
	Non-RCT				
	studies				
	(CCT,				
	cohort				
	level) for				
	subgroup				
	data.				
What is the	RCT for	Children and young people under	Support and follow	No support or	Continued success
clinical and	general NE	19 years old who have nocturnal	up for patients	follow up	
cost	population	enuresis (bedwetting)	' '	'	Relapse prevention
effectivenes	Population	Sub groups to include patients			
					Daychological
s of support		with:			Psychological
and follow					effects(self-esteem,
	ı	ı	l	l .	i

	Non DOT	Day time a suggest a sec			self sensers Di Oi
up care for children and	Non-RCT studies	Day time symptoms			self-concept, PinQ)
	(CCT,	Young (under 7 years)			Quality of life measure
young people	cohort	Toding (unider / years)			Quanty of the measure
under 19	level) for	Special needs (learning			Drop out
years old	subgroup	disabilities, emotional and ADHD)			2.00 00.0
who have	data.	,			
nocturnal		Severe wetting (6-7 nights a			
enuresis		week)			
(bedwetting)					
,		Previously successful and with			
		subsequent relapse			
N					
No evidence indentified					
What is the	RCT for	Children and young people under	Support and follow	No support or	Continued success
clinical and	general NE	19 years old who have nocturnal	up for parents and	follow up	Continued success
cost	population	enuresis (bedwetting)	carers	Tollow up	Relapse prevention
effectivenes	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Sub groups to include patients			1
s of support		with:	Support groups		Psychological
and follow					effects(self-esteem,
up care for	Non-RCT	Day time symptoms			self-concept, PinQ)
the parents	studies				
and carers	(CCT,	Young (under 7 years)			Quality of life measure
of children	cohort				
and young	level) for	Special needs (learning			Drop out
people	subgroup	disabilities, emotional and ADHD)			
under 19 years old	data.	Severe wetting (6-7 nights a			
who have		week)			
nocturnal		week)			
enuresis		Previously successful and with			
(bedwetting)		subsequent relapse			
?		·			
No evidence					
indentified					
What is the	RCT for	Children and young people under	Relapse prevention	No relapse	Continued success
clinical and	general NE	19 years old who have nocturnal	strategies (e.g.	prevention	Dolongo massanti
cost effectivenes	(bedwettin g)populatio	enuresis (bedwetting) Sub groups to include patients	follow-up, over- learning specifically	strategies	Relapse prevention
s of relapse	n	with:	to alarms,		Psychological
prevention	''		intermittent use,		effects(self-esteem,
strategies		Day time symptoms	sudden or slow		self-concept, PinQ)
for children			withdrawal)		1 7 -37
and young	Non-RCT	Young (under 7 years)	·		Quality of life measure
people	studies		Drug or alarm		
under 19	(CCT,	Special needs (learning			Drop out
years old	cohort	disabilities, emotional and ADHD)			
who have	level) for				
nocturnal	subgroup	Severe wetting (6-7 nights a			
enuresis	data.	week)			
(bedwetting)		Previously successful and with			
'		subsequent relapse			
		subsequent relapse			

No evidence indentified								
What is the clinical and cost effectivenes s of treating relapses in previously successful in children and young people under 19 years old who have nocturnal enuresis (bedwetting) ?	RCT for general NE (bedwettin g)populatio n Non-RCT studies (CCT, cohort level) for subgroup data.	General NE (bedwetting) population						
No evidence indentified								
What is clinical and cost effectivenes s of additional investigation and treatment in children who have not responded to an adequate trial of both desmopressin and or alarms?	studies (CCT, cohort level) for subgroup data.	Children and young people und 19 years old who have nocturn enuresis (bedwetting)who have been unsuccessful in previous treatments Sub groups to include patients with: Day time symptoms Young (under 7 years) Special needs (learning disabilities, emotional and ADH Severe wetting (6-7 nights a week)	al e	Psycholo assessme Radiolog investiga Treatmen second ti any othe treatmen	ents ical tions nt for ime-query r		Dry mon successor Psyce (self conditions)	for 6 consecutive of this (continuing ess) for 2 consecutive ess? erse events chological effects esteem, self- ept, PinQ) lity of life measure b-outs
Patient Cho	ice							To consider special needs children
In children and	Survey	Children and young	Pat	ient and	Patient	Reduction/chang	ge in	Looking for

young people with nocturnal enuresis (bedwetting), how does patient or parent/carer choice over treatment intervention influence treatment outcomes? Evidence Review	Intervie	people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Day time wetting, urinary urgency and frequency 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) 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	carer choice	choice compared to parent/care r choice compared to clinician choice	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	patient preference trials, otherwise extrapolations, narrative etc.
Family Impact		subsequent relapse				
What is the family impact of children and young people aged under 19 who have Nocturnal Enuresis (bedwetting)? Evidence Review Under 5 Year olds	Surveys, Interviews	All groups				
What are the predictive, prevention, and	RCT for general NE	General NE (bedwetting)population				

treatment	(bedwetti	Dlac	ddor dysfunstion		1			
	ng)popula	віас	dder dysfunction					
options for 5-7	· · ·							
year olds?	tion							
Evidence Review								
Lvidence Keview	Non-RCT							
	studies							
	(CCT,							
	cohort							
	level) for							
	subgroup							
	data							
Complex								
behavioural								
What is the	RCT for gene	oral	Children and	Dayb	ed training		No treatment	Reduction/change in
clinical and cost	NE NE	ziai	young people	DIYU	led training		No treatment	number of wet
effectiveness of	(bedwetting)no	under 19	Core	components:		Alarms	nights
dry bed training	pulation	,,,,	years old who		lar waking		7.1011113	I III III III III III III III III III
for children and			have	-drin	_		Other	Dry for 14
young people			nocturnal		or without ala	rm	treatment	consecutive nights
under 19 years			enuresis					
old who have	Non-RCT		(bedwetting)					Dry for 6
nocturnal	studies (CCT	,	Sub groups to	(will	need to further	define but from	1	consecutive months
enuresis	cohort level		include		rane reviews: w	_		(continuing success)
(bedwetting)?	for subgroup)	patients with:		, cleanliness trai	ining, positive		
	data.			pract				Dry for 2
Evidence Review			Day time		pectrum trainin			consecutive years?
			wetting,		ition control, ov	eriearning,		Adverse events
			urinary urgency and	Clean	liness training)			Auverse events
			frequency					Psychological
			in equency					effects (self-esteem,
			No day time					self-concept, PinQ)
			symptoms					
			(monossympt					Quality of life
			omatic NE)					measure
			Nocturnal					Drop-outs
			Poliuria- large					
			amounts of					
			dilute urine in					
			the first 1/3					
			of the night.					
			Constipation					
			Conscipation					
			Young (under					
			7 years)					
			, ,					
			Special needs					
			(learning					
			disabilities,					
			emotional					

Simple behavioural	RCT for general	and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse	Daytime bladder training	No treatment	Reduction/change in
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)po pulation 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 (monossymp tomatic NE) Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night.	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 (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		10	ı		
		Constipation			
		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 alarm			
		and with			
		subsequent			
		relapse			
What is the	RCT for	Children and	Night time	No treatment	Reduction/change in
clinical and cost effectiveness of	general NE	young people under 19 years	fluid	Other treatment	number of wet nights
fluid and dietary	(bedwetting) population	old who have	restriction	Other treatment	Dry for 14 consecutive
advice for	population	nocturnal	Increasing		nights
children and		enuresis	day time		
young people		(bedwetting)	fluids		Dry for 6 consecutive
under 19 years	Non-RCT	Sub groups to			months (continuing
old who have	studies (CCT,	include patients	Diet advice		success)
nocturnal enuresis	cohort level) for subgroup	with:	Diet or food		Dry for 2 consecutive
(bedwetting)?	data	Day time	restriction		Dry for 2 consecutive years?
(Scawcillig):	Julia	wetting, urinary	. Con Iction		, cars.
Evidence Review		urgency and			Adverse events
		frequency			
		(polissymptoma			Psychological effects
		tic)			(self-esteem, self-
		No day time			concept, PinQ)
		symptoms			Quality of life measure
		(monossympto			,
		matic NE)			Drop-outs
		Nocturnal			
		Poliuria- large			
		amounts of			
1					

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) population Non-RCT studies (CCT cohort level) for subgroup data	old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:	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		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 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 (polissymptoma tic) No day time symptoms (monossympto matic NE)	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, drop-outs) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure

Drugs		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 successful with alarm and with subsequent relapse			Drop-outs
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)? 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 Sub groups to include patients with: Day time wetting, urinary urgency and frequency (polissymptoma tic) No day time	Desmopressi n 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 anticolinergicoxibutinin, 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

		_			/ 15
		symptoms			(self-esteem, self-
		(monossympto			concept, PinQ)
		matic NE)			
					Quality of life measure
		Nocturnal			
		Poliuria- large			Drop-outs
		amounts of			
		dilute urine in			
		the first 1/3 of			
		the night.			
		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)			
		Weeky			
		Family history			
		Previously			
		successful with			
		alarm and with			
		subsequent			
		relapse			
		Telapse			
	Additional	Children and	Desmopressi	No treatment	Reduction/change in
What is the	Searches-	young people	n		number of wet nights
clinical and cost	Non-RCT	under 19 years	Nasal,	Other treatment (alarm, desmo	
effectiveness of	studies (CCT,	old who have	tablets and	combined with anticolinergic-	Dry for 14 consecutive
desmopressin	cohort level)	nocturnal	melts	oxibutinin, alarm combined with	nights
(nasal, tablets	32.13.1.10.01/	enuresis	(N.B. nasal	desmopressin, imipromine	
and melts) for		(bedwetting)	not licensed	2.236. 233,	Dry for 6 consecutive
children and		Sub groups to	for NE but	Placebo	months (continuing
young people		include patients	much		success)
under 19 years		with:	evidence		
old who have			from this		Dry for 2 consecutive
nocturnal		Day time	area)		years?
enuresis		wetting, urinary	2104)		, 50.5.
(bedwetting)?		urgency and			Adverse events (fluid
(Scancellig):		frequency			retention,
(High versus Low		(polissymptoma			constipation)
THISH ACIONS FOR		(ponsayinptoina			consupationj

Dosages)		tic)			
Evidence Review		No day time symptoms (monossympto matic NE)			Psychological effects (self-esteem, self- concept, PinQ) Quality of life measure
		Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years)			Drop-outs
		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 relapse			
What is the clinical and cost effectiveness of	RCT for general NE (bedwetting)	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	population	old who have nocturnal enuresis	amitriptyline, nortriptaline.	Placebo	Dry for 14 consecutive nights
under 19 years old who have nocturnal enuresis(bedwett	Non-RCT studies (CCT, cohort level)	(bedwetting) Sub groups to include patients with:			Dry for 6 consecutive months (continuing success)
ing)?	for subgroup data	Day time wetting, urinary			Dry for 2 consecutive years?

Evidence Review		urgency and frequency (polissymptoma tic) 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 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			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	RCT for general NE (bedwetting) population Non-RCT studies (CCT, cohort level)	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with:	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)

(h o duy a + + : 1 2	for out ====				Drug for 2 concessions
(bedwetting)?	for subgroup data	Day time			Dry for 2 consecutive years?
Evidence Review	uata	wetting, urinary			years:
LVIGETICE REVIEW		urgency and			Adverse events (fluid
		frequency			retention,
		(polissymptoma			constipation)
		tic)			Constipution
		ticj			Psychological effects
		No day time			(self-esteem, self-
		symptoms			concept, PinQ)
		(monossympto			concept, i maj
		matic NE)			Quality of life measure
		,			
		Nocturnal			Drop-outs
		Poliuria- large			,
		amounts of			
		dilute urine in			
		the first 1/3 of			
		the night.			
		Young (under 7			
		years)			
		Children with			
		sickle cell			
		disease			
		Consist on a sta			
		Special needs			
		(learning			
		disabilities, emotional and			
		behavioural e.g.			
		ADHD)			
		ADIID)			
		Secondary onset			
		Severe wetting			
		(6-7 nights a			
		week)			
		Family history			
		Previously			
		successful with			
		alarm and with			
		subsequent relapse			
		Telapse			
What is the	Non-RCT	Children and	Oxybutinin	No treatment	Reduction/change in
clinical and cost	studies (CCT,	young people	(licensed) is	-	number of wet nights
effectiveness of	cohort level)	under 19 years	in the BNF	Other treatment	
dose escalation	for subgroup	old who have	for children		Dry for 14 consecutive
in oxybutinin for	data	nocturnal		Placebo	nights
children and		enuresis			
young people		(bedwetting)		Combination	Dry for 6 consecutive

	Cub susua ta	and the formation to a
under 19 years	Sub groups to	months (continuing
old who have	include patients	success)
nocturnal	with:	
enuresis		Dry for 2 consecutive
(bedwetting)	Day time	years?
	wetting, urinary	
Evidence Review	urgency and	Adverse events (fluid
	frequency	retention,
	(polissymptoma	constipation)
	tic)	
		Psychological effects
	No day time	(self-esteem, self-
	symptoms	concept, PinQ)
	(monossympto	
	matic NE)	Quality of life measure
	matic N2)	Quality of me measure
	Nocturnal	Drop-outs
	Poliuria- large	5100 0413
	amounts of	
	dilute urine in	
	the first 1/3 of	
	the night.	
	, , , , _	
	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	
	relapse	
	. 5.5 55	

What is the	Non-RCT	Children and	Imipramine	No treatment	Reduction/change in
clinical and cost	studies (CCT,	young people			number of wet nights
effectiveness of	cohort level)	under 19 years		Other treatment	
dose escalation	for subgroup	old who have			Dry for 14 consecutive
in imipramine for	data	nocturnal		Placebo	nights
children and		enuresis		. 1.000.0	
young people		(bedwetting)		Combination	Dry for 6 consecutive
under 19 years		Sub groups to			months (continuing
old who have		include patients			success)
nocturnal		with:			·
enuresis					Dry for 2 consecutive
(bedwetting)		Day time			years?
, ,		wetting, urinary			ŕ
Evidence Review		urgency and			Adverse events (fluid
		frequency			retention,
		(polissymptoma			constipation)
		tic)			
					Psychological effects
		No day time			(self-esteem, self-
		symptoms			concept, PinQ)
		(monossympto			
		matic NE)			Quality of life measure
		Nocturnal			Drop-outs
		Poliuria- large			
		amounts of			
		dilute urine in			
		the first 1/3 of			
		the night.			
		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			
		. anny macory			
		Previously			
		successful with			
		alarm and with			
		alaitii allu Witil	1	1	

_		I	I	1
		subsequent relapse		
		relapse		
Education /				
psychological				
interventions				
What is the clinical and cost	RCT for general NE	Children and young people		
effectiveness of	(bedwetting)	under 19 years		
educational/info	population	old who have		
rmation		nocturnal		
interventions for		enuresis		
children and young people	Non-RCT	(bedwetting)		
under 19 years	studies (CCT,	Sub groups to		
old who have	cohort level)	include patients		
nocturnal	for subgroup	with:		
enuresis	data			
(bedwetting)?		Special needs		
Evidence Review		(learning		
		disabilities,		
What are the		emotional and		
educational needs of children		ADHD)		
and young				
people under 19				
years old who				
have nocturnal enuresis				
(bedwetting)?				
No evidence				
identified.				
What is the	RCT for	Children and		
clinical and cost	general NE	young people		
effectiveness of	(bedwetting)	under 19 years		
psychological interventions for	population	old who have nocturnal		
children and		enuresis		
young people		(bedwetting)		
under 19 years	Non-RCT	Sub groups to		
old who have	studies (CCT,	include patients		
nocturnal enuresis	cohort level) for subgroup	with:		
(bedwetting)?	data	Day time		
		wetting, urinary		

Evidence Review		urgency and			
		frequency			
		(polissymptoma			
		tic)			
		,			
		No day time			
		symptoms			
		(monossympto			
		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			
		successful with			
		alarm and with			
		subsequent			
		relapse			
Alternative					
interventions					
What is the	RCT for	Children and	Acupuncture	No treatment	Reduction/change in
clinical and cost	general NE	young people			number of wet nights
effectiveness of	(bedwetting)	under 19 years	Hypnotherap	Other treatment	Day for 44
alternative	population	old who have	У	Discribe / shares as	Dry for 14 consecutive
interventions for		nocturnal	Chiron-s-ti-	Placebo / sham acupuncture	nights
children and		enuresis	Chiropractic		Dry for 6 conscenting
young people	Non PCT	(bedwetting)	Hamacasth		Dry for 6 consecutive
under 19 years	Non-RCT	Sub groups to	Homeopathy		months (continuing

old who have	studies (CCT,	include patients			success)
nocturnal	cohort level)	with:	Cranial		successy
	for subgroup	vvitii.			Dry for 2 consecutive
enuresis (bedwetting)?	data	Day time	osteopathy		years?
(neamerring):	uata	wetting, urinary	Reflexology		years:
Evidence Review		urgency and	Reflexblogy		Adverse events
LVIGETICE REVIEW		frequency			Adverse events
		(polissymptoma			Psychological effects
		tic)			(self-esteem, self-
		3.3,			concept, PinQ)
		No day time			cocop t)
		symptoms			Quality of life measure
		(monosymptom			Drop-outs
		atic NE)			
		Nocturnal			
		Poliuria- large			
		amounts of			
		dilute urine in			
		the first 1/3 of			
		the night.			
		Young (under 7			
		years)			
		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	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 for	population	old who have	listed under		response
children and		nocturnal	the KCQs		
young people		enuresis			Psychological
aged under 19		(bedwetting)			effects(self-esteem,
years of age who	Non-RCT	Sub groups to			self-concept, PinQ)
have nocturnal	studies (CCT,	include patients			Overlieve of his
enuresis	cohort level)	with:			Quality of life measure

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

(bedwetting) and	for subgroup			
who do not	data.	Day time		Drop out
respond to initial		symptoms		
treatment with				
desmopressin		Young (under 7		
and / or enuresis		years)		
alarms)?				
		Special needs		
Evidence Review		(learning		
		disabilities,		
		emotional and		
		ADHD)		
		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
- #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

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

Database: Ovid MEDLINE(R) <1950 to present

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

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

8 nocturnal NEAR incontinence

Update search: 15/12/09

#7 enuretic*

1.1	Search Strategy:

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

Database: EMBASE <1980 to present

Searched 13/10/08 and 26/02/09

update search: 15/12/09

Search Strategy:

1 Nocturnal Enuresis/

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

- 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/
- 10 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; 13. CINAHL; (sleep adj2 incontinence*).ti,ab; 14. CINAHL; (night* adj2 enuresis).ti,ab; 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
Update search 13/11/09

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;