

Indications for Research: I

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Recognition During the First Two Years of Life of the Potential Nocturnal Enuretic

An opportunity for studying the development of nocturnal enuresis arises in families in which there is a history of nocturnal enuresis. In such families where a parent has been enuretic at night during childhood, the chance of a child being enuretic at night is about 40 per cent. In families where a child is enuretic, the chance of a sibling being enuretic at night is about 25 per cent.

Two approaches may be used to detect the potential nocturnal enuretic, the clinical and the electroencephalographic.

Clinical. Children born into enuretic families could be studied during the first two years of life to measure the day-time and night-time urinary frequency and amount of urine passed in the day and at night. Note should also be made of the frequency of diaper rash. 'Controls' could be children not at risk for nocturnal enuresis, or one could use those children who, despite being at risk, do become dry by the age of four or five.

Electroencephalographic. Most workers agree that EEG anomalies are more frequent in nocturnal enuretics than in children with other types of deviant behavior. Can the presence of EEG anomalies during the first two years of life predict which children will become nocturnally enuretic and which will not? (Pampiglione's standards of EEG abnormality (Mac Keith and Pampiglione 1956) could be used.)

What Happens to the EEG Patterns with Recovery from Nocturnal Enuresis?

Do the EEGs become normal before recovery?

Can 'Titration' With Amphetamine be Used to Detect the Deep-sleeper?

Can the enuretic who is a deep-sleeper be favorably influenced by a dose of amphetamine just large enough to lighten sleep?*

Family Incidence

The data obtained from the Newcastle 'Thousand Families' survey (Miller *et al.* 1960) may offer an opportunity for studying the family incidence of nocturnal enuresis, not only in the immediate family, but amongst others—*e.g.* uncles, aunts, grandparents, cousins—as well. Does the prevalence of nocturnal enuresis fall as the genetic relationship to the index case decreases?

*There is a paper on this by Holt (1956) saying that amphetamine gives no benefit, but many consider amphetamine a useful adjunct when children sleep through the buzzer's sounding. (*Eds.*)

Longitudinal Clinical Studies

There is a need for close longitudinal clinical studies of children over a period, paying special attention to

- (1) the reasons why a method of treatment of nocturnal enuresis is successful in some children and not in others, and
- (2) the origin of cases of secondary (late onset) nocturnal enuresis.

REFERENCES

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