



Comparing the efficacy of desmopressin and oxybutynin combination therapy and desmopressin monotherapy in children with primary nocturnal enuresis; a randomized clinical trial

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ABSTRACT

Introduction: Nocturnal enuresis is known as the most common developmental problems of childhood which has often a familial basis. It is usually benign and gradually disappears with age.

Objectives: This study was conducted on children with primary nocturnal enuresis to compare the efficacy of desmopressin and oxybutynin combination therapy with desmopressin monotherapy.

Patients and Methods: This clinical trial was conducted on 59 patients (age range; 5 to 15 years) with primary nocturnal enuresis who had referred to our center in Tabriz in 2012. The participants were divided into two groups as group 1 (30 participants) and group 2 (29 subjects). For three months, one group received desmopressin and oxybutynin and the other group received desmopressin alone. Descriptive statistics (mean \pm SD and frequency) and chi-square test was conducted.

Results: In the group treated only with desmopressin, 72.4% of the participants were completely cured in 1 month and 44.8% in 3 months. In the group treated with combination of desmopressin and oxybutynin, 83.34% were cured in 1 month and 86.7% in 3 months.

Conclusion: Desmopressin and oxybutynin combination therapy is more effective than desmopressin monotherapy for treating children with enuresis.

Implication for health policy/practice/research/medical education:

Desmopressin and oxybutynin combination therapy is more effective than desmopressin monotherapy for treating children with enuresis.

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Introduction

Enuresis refers to involuntary urination during night sleep which happens in children older than 5 years old. The prevalence of nocturnal enuresis is 15% to 20% in 5-year-old children, which decreases to 1%-2% until the age of 15

years old (1). Nocturnal enuresis is more common in boys than girls (2) and it has two types; (a) Primary nocturnal enuresis which exists since birth; (b) Secondary nocturnal enuresis in which a patient has no nocturnal enuresis at least in the last six months (3).



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