

4. Definitions

The terminology used to define nocturnal enuresis in this guide responds to the need to avoid the confusion that can arise from the many classifications and definitions that exist related to this condition.

The concept of enuresis varies depending on which organization it is referen-

ced on (table VIII), which means that it is sometimes difficult to compare epidemiological studies and treatment outcomes. There is a consensus in accepting the age of 5 as the cutoff from which point onward, enuresis can be considered. There are widespread definitions, but they are of little use in Primary Ca-

Table VIII. *Definitions of enuresis according to different entities*

	DSM-IV	ICD-10	ICCS
	American Psychiatric Association ³¹	World Health Organization (WHO) ³²	International Child Continence Society ³⁰
Age ≥	Chronological age of ≥ 5 or mental equivalent developmental level	≥ 5 years of age	≥ 5 years of age
Frequency (wet nights)	≥ 2/week	≥ 1/month	≥ 1 night/month can be accepted in young children, but not in older children and adolescents
Duration	≥ 3 months	≥ 3 months	≥ 6 months
Place where the wetting takes place	In bed, voluntary or involuntary	In bed, involuntary	During sleep, involuntary
Excluding situations	Diabetes mellitus Epilepsy On diuretic therapy Anatomical or neurological diseases of the urinary tract	Anatomical or neurological diseases of the urinary tract	Anatomical or neurological diseases the urinary tract
Other characteristics			Normal voiding

re, for instance, DSM-IV diagnostic criteria for nocturnal enuresis require that the child wet the bed very frequently and in the absence of any general medical condition and it also considers as enuresis both involuntary and intentional voiding of urine.

By consensus, the authors have accepted the definition of the ICCS (International Child Continence Society)³⁰ because they consider it a better reflection of clinical reality in Primary Care.

In line with the recommendations put forth by the ICCS^{30,33}, ICS³⁴, and the Spanish Group of Urodynamics and SINUG³⁵, the most useful terminology and concepts for clinical practice are listed below:

Enuresis or nocturnal enuresis

Normal, involuntary voiding, which takes place during sleep at a socially improper age and frequency. The age of ≥ 5 is accepted as inappropriate, given that our society expects that nocturnal bladder control should have been completely achieved by that age. Generally speaking, a frequency of < 1 night/month can be accepted in a young child, but not in older children and adolescents.

Comment: enuresis should only be used as a synonym for nocturnal enuresis and only refers to children who wet

the bed while they sleep. The use of enuresis as a synonym for urinary incontinence in the literature has led to serious confusion and is not accepted nowadays.

Urinary incontinence

The presence of urine leakage during the day or during the day and at night.

Comment: some authors have used the confusing term "enuretic syndrome" to refer to urinary incontinence during the day and at night. The terms "daytime enuresis" or "enuresis" have also been used in the literature to refer to urinary incontinence, which has also led to confusion.

Primary enuresis

Enuresis is considered to be primary if the child has never stayed dry for a period of 6 months or longer.

Secondary enuresis

Secondary enuresis refers to enuresis that appears after a dry period of at least 6 months.

Monosymptomatic enuresis:

Monosymptomatic enuresis refers to the situation in which no daytime symptoms are present that suggest a basic neurological or urological pathology.

Comment: PMNE can co-exist with other illnesses that do not alter the functioning of the urinary tract (for example, asthma, diabetes mellitus...) and is not considered non-monosymptomatic as a result.

Non-monosymptomatic enuresis

Enuresis that is accompanied by daytime voiding symptoms suggestive of neurological-urological pathology, such as overactive bladder syndrome (which includes urgency, intense frequency-urgency, or frequency-urgency-incontinence), frequent urinary infections, continuous dribble and/or voiding

dysfunction (fine, intermittent stream, straining on voiding), or uncoordinated voiding.

Comment: the literature has also referred to it as complicated enuresis or enuretic syndrome.

Nocturia

This is the manifestation of the need to wake up once or more at night to void. It can also refer to the number of voids recorded during nighttime sleep (each micturition is preceded and followed by a period of sleep).

Comment: waking up to urinate once a night is within normal limits.