Letter to the Editor

Maturational Delay is Not a Cause of Bedwetting

To the editor:

We read with interest the paper by Dr. Gottsegen, who reports cure of 4 children with bedwetting after a solitary session of hypnotherapy.[1]

To account for the sudden success in these 4 patients, Dr. Gottsegen comments, "It is as if there is a neural trigger or switch that can be turned off or on fairly easily." In the same article Dr. Gottsegen comments that maturational delay is "the most probable etiology of enuresis." Unless Dr. Gottsegen believes that maturation is sudden, these 2 statements are not compatible.

Enuresis is a symptom with a variety of causes. The main pathophysiological factors that are currently considered to be important in children with bedwetting include impaired arousal to the sensation of a full or contracting bladder, nocturnal polyuria, and a reduced nocturnal bladder capacity.[2] A genetic predisposition is commonly present. Maturational delay (delayed development) is commonly touted as a cause of enuresis. Using this terminology begs the question, "What is delayed?" We are not aware of any study that proves the presence of a maturational delay in any of the recognized pathophysiological factors. A variety of treatments for bedwetting are reported to lead to an immediate or prompt resolution including alarm therapy, desmopressin acetate (DDAVP®), and hypnotherapy. Sudden unexpected resolution of enuresis is a recognized phenomenon in the absence of treatment. Sudden or prompt resolution of bedwetting with or without treatment suggests that maturational delay is not a cause of the problem.

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1. Gottsegen DN. Curing bedwetting on the spot: a review of one-session cures. *Clin Pediatr.* 2003;42:273-275.
2. Robson WL. Enuresis. *Adv Pediatr.* 2001;48:409-438.

Reply:

I appreciate the thoughtful response from Dr's Robson and Leung. One of the beneficial "side effects" of the discovery of new therapeutic modalities for problems in medicine is healthy skepticism for the accepted etiologies of the problem. Just last month, for example, came more evidence that casts doubt on the old theories of association between enuresis and psychopathology.[1] My speculation that there seems to be a "neural trigger or switch" for nocturnal enuresis comes from the sudden nature of the cures in my reported cases. The fact that those of us who utilize hypnotherapy teach children to visualize or otherwise imagine their own internal alarms and "turn up the volume" in order to wake if their bladders are full[2] best supports the theory of impaired arousal to bladder sensation as a pathophysiologic factor in nocturnal enuresis.

I doubt, however, that prompt resolution of a problem like enuresis automatically rules out maturational delay as at least part of the etiology, since in my experience, other disorders of maturation, like potty delay and sleep disorders, may resolve suddenly as well.

One thing is certain: What makes a pediatric problem like enuresis such an interesting subject is that it provides a classic example of the interaction between mind and body. It serves as a perfect example of the ways in which interaction between those of us interested in behavioral medicine and our medical specialty and surgical colleagues will lead to optimal treatment for our young patients.

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2. Gottsegen D. Curing bewetting on the spot: a review of one-session cures. *Clin Pediatr.* 2003;42:273-275.

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