

# Children's Continence

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**April 2025**

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Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

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### 1. Highlights from the International Children's Continence Society annual meeting in Salvador, Brazil

**Publication Date:** 2025

**Journal:** Journal of Pediatric Urology 21(2), pp. 259

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### 2. Childhood functional urinary incontinence and school performance: a nationwide matched cohort study

**Authors:** Borg, Britt; Trabjerg, Betina B.; Dreier, Julie Werenberg; Rittig, Søren; Breinbjerg, Anders; Christensen, Jakob; Juul, Kristian; Thomsen, Per Hove and Kamperis, Konstantinos

**Publication Date:** 2025

**Journal:** The Journal of Urology , pp. 101097JU00000000000004532

**Abstract:** Purpose: Childhood urinary incontinence is a common disorder with significant negative impact on self-esteem and quality of life, but the impact on school performance is unknown. This study investigates how urinary incontinence in children is associated with school performance.; Material and Methods: Nationwide matched cohort study of children born in Denmark to Danish parents 1997-2008 investigating association between urinary incontinence and results from standardised National School Tests 2010-2018 (1-100 point scale). Multiple linear regression estimated difference ( $\Delta$ ) in test scores between children with urinary incontinence and matched references after adjusting for relevant confounders. Sub-analyses investigated the influence of psychiatric disorders and age at treatment onset.; Results: Overall, children with urinary incontinence ( $n=42,999$ ) performed comparably to the matched reference children ( $n=429,999$ ) ( $\Delta$  range -2.5 to +0.6 points). Children with urinary incontinence co-occurring with psychiatric disorders scored substantially lower than the reference population, most pronounced for ADHD ( $\Delta$  range -3.7 to -11.2 points). Children with nocturnal enuresis aged 11 years and above at treatment onset had lower overall school performance than children aged 5-7 years at treatment onset ( $\Delta$  -2.9 95%CI -4.0 to -1.7).; Conclusions: School performance in children

with urinary incontinence was normal. However, as psychiatric disorders are more prevalent in urinary incontinence and children with urinary incontinence and co-occurring psychiatric disorders had significantly lower school performance, we recommend assessing for psychiatric disorders in urinary incontinence. Children with late treatment onset had lower school performance than children with early treatment onset; further research is needed on the effect of delayed treatment on children with urinary incontinence.

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### 3.Characteristics of Children Successfully Treated for Daytime Urinary Incontinence

**Authors:** Morizawa, Yosuke;Mieda, Kosuke;Tachibana, Akira;Tomizawa, Mitsuru;Onishi, Kenta;Hori, Shunta;Gotoh, Daisuke;Nakai, Yasushi;Miyake, Makito;Torimoto, Kazumasa;Aoki, Katsuya and Fujimoto, Kiyohide

**Publication Date:** 2025

**Journal:** International Journal of Urology : Official Journal of the Japanese Urological Association

**Abstract:** Objective: A stepwise approach is recommended for the treatment of daytime urinary incontinence, with standard urotherapy as the first-line treatment, followed by pharmacological treatment when standard urotherapy is unsuccessful. This study was aimed at characterizing and comparing children with an overactive bladder and daytime urinary incontinence who became continent solely on standard urotherapy and those who achieved continence on a combination of standard urotherapy and pharmacological treatment.; Methods: This retrospective study included 221 patients with complete continence during the day.; Results: Of these patients, 104 (47%) were successfully treated with standard urotherapy, and 117 (53%) required pharmacological treatment. Children who achieved continence on a combination of standard urotherapy and pharmacological treatment had significantly more baseline incontinence episodes during the daytime ( $p = 0.001$ ) and lower voided volumes (voided volume/estimated bladder capacity: 37 and 42 mL respectively,  $p = 0.0085$ ) compared with children who were treated with standard urotherapy only. Half the patients underwent an initial screening, including the use of a bladder diary, without the need for time-consuming and complex urotherapy.; Conclusions: Most children achieved daytime continence solely through standard urotherapy. Additionally, half of the patients achieved continence at the initial screening, including the use of the bladder diary. Children requiring additional pharmacological treatment to achieve continence have more severely overactive bladders. (© 2025 The Japanese Urological Association.)

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### 4. Evaluating the Benefits of Pelvic Floor Muscles Exercises Combined With Biofeedback Therapy for Improving Functional Urinary Incontinence in Children

**Authors:** Sharifi-Rad, Lida;Zahir, Mazyar;Ladi-Seyedian, Seyedeh and Kajbafzadeh, Abdol-Mohammad

**Publication Date:** 2025

**Journal:** Neurourology and Urodynamics

**Abstract:** Background: Pelvic floor muscles training (PFMT), with or without biofeedback (BF), is widely utilized as an alternative treatment for various refractory lower urinary tract dysfunctions in adults and children. This study aimed to compare the efficacy of PFMT alone versus in combination with BF on functional urinary incontinence (UI) in children.; Patients and Methods: Medical records of children who had undergone pelvic floor rehabilitation for non-neuropathic intermittent UI from 2018 to 2022 were retrieved. Patients were categorized based on their treatment regimen. Group I had undergone standard urotherapy and PFMT, twice weekly for 5 weeks. Group II had undergone a similar 5-week treatment with addition of 10 BF sessions conducted at the end of each appointment. All children had been evaluated with kidney and bladder ultrasounds, uroflowmetry/EMG, and a 7-day voiding and bowel diary before and after treatment. Response to treatment was defined according to International Children's Continence Society (ICCS) protocols.; Results: A total of 32 patients (71.9% female) with a mean age of  $8.4 \pm 2.1$  (range: 5-13) years were included in the analyses (each group

N = 16). In group I, nine (56.2%) and two (12.5%) patients demonstrated complete (100% reduction in UI episodes) and partial (50%-100% reduction in UI episodes) clinical response, respectively. In group II, 11 (68.7%) and 3 (18.8%) patients showed complete and partial response, respectively. The two groups were not significantly different with regard to clinical response ( $p = 0.430$ ). No significant difference was observed between the two groups in terms of enuresis, urgency, constipation, and uroflowmetry parameters.; Conclusions: PFMT under the supervision of an expert physical therapist appears to be as effective as combined PFMT and BF in improving UI in children without underlying neurologic disease. (© 2025 Wiley Periodicals LLC.)

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## **5. A Review of the Long-term Outcomes of Incontinent Diversion in the Pediatric Neurogenic Bladder**

**Authors:** Stout, Megan; Adams, Mark C. and Clayton, Douglass B.

**Publication Date:** 2025

**Journal:** Current Urology Reports 26(1), pp. 34

**Abstract:** Competing Interests: Declarations. Competing Interests: The authors declare no competing interests. Ethics: This article does not contain any studies with human or animal subjects performed by any of the authors. Conflict of Interest: The authors disclosed have no financial or non-financial interests that are directly or indirectly related to the work submitted for publication.; Purpose: This review offers an evaluation of the limited literature detailing the outcomes of incontinent urinary diversion in the pediatric neurogenic bladder patient. We will discuss the indications for incontinent urinary diversion, procedural options, surgical techniques, postoperative complications, and overall patient impact.; Recent Findings: Incontinent urinary diversions remain a valuable treatment option for patients with neurogenic bladder especially the highly selected patient with few other options. Irrespective of the diversion chosen, postoperative complications do arise, and long-term follow-up is imperative. Ensuring the longevity and effectiveness of the diversion is critical, especially in a pediatric patient cohort with multiple long term risks including obesity- a factor that can directly impact reconstructive function. The dearth of available data highlights the need for more longitudinal studies of pediatric patient cohorts to determine true impact and risk related to incontinent urinary diversion. (© 2025. The Author(s).)

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### **Sources Used:**

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