

Children's Contenance

Current Awareness Bulletin

April 2026

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

1. Urinary Incontinence and Psychological Distress Among Parents of Children With Spina Bifida

Authors: Altuntas, Turker;Imanli, Emin;Ulker, Naif Dinc;Ozkan, Onur Can;Sekerci, Cagri Akin;Cam, Kamil;Tarcn, Tufan and Yucel, Selcuk

Publication Date: 2026

Journal: Neurourology and Urodynamics 45(4), pp. 794–801

Abstract: Objective: To evaluate the impact of demographic parameters, urinary system symptoms in children with spina bifida on their parents' anxiety and depression.; Methods: This prospective clinical trial included children with spina bifida and their primary caregivers. Demographic data, upper urinary tract (UUT) findings, and parental anxiety and depression were recorded between October and December 2024. UUT damage was defined as the presence of renal scarring, hydronephrosis, or vesicoureteral reflux. Caregivers completed the Hospital Anxiety and Depression (HAD) Scale and BECK Anxiety Inventory, with scores categorized into mild, moderate, and severe. Children and parents were stratified into subgroups based on demographics, anxiety and depression levels, UUT damage, febrile urinary tract infection history, incontinence, and motor deficits, and subgroup comparisons were performed.; Results: A total of 64 children (25 39.1%] boys, 39 60.9%] girls) with a median age of 7.5 years and their primary caregivers were evaluated. Median HAD anxiety, HAD depression, and Beck Anxiety scores did not differ significantly according to gender, number of siblings, parental or child age, or parental and child educational levels. In the categorical analyses of anxiety and depression scores, younger parental age (<35 years) was significantly associated with higher anxiety levels across both anxiety assessment scales (HADS-A, $p = 0.032$; Beck Anxiety, $p = 0.042$). Among clinical parameters, urinary incontinence was linked to higher anxiety and depression scores (respectively, $p < 0.045$, $p < 0.005$).; Conclusion: These findings suggest that certain parental and clinical factors, particularly younger parental age and the presence of urinary incontinence in children with spina bifida, may be associated with increased anxiety and depression levels among caregivers.; Clinical Trial Registration: NCT06802770. (© 2026 Wiley Periodicals LLC.)

2. Sleep Parameters and Motor Activity in Children With Nocturnal Enuresis and Daytime

Urinary Incontinence

Authors: Hussong, Justine;Grillo, Giuseppina;Noori, Silvia;Curfs, Leopold and Gontard, Alexander von

Publication Date: 2026

Journal: Neurourology and Urodynamics

Abstract: Introduction: Nocturnal enuresis (NE) and daytime urinary incontinence (DUI) are common in childhood. They are associated with sleep disorders, which, in turn, can affect physical activity. The aim of the present study was to investigate sleep quality and motor activity in children with NE and DUI by using actigraphy as an objective assessment method.; Methods: Thirty-four children with NE or DUI, aged 5-13 years, and 33 controls were included in the study. Of the patients, 16 (47.1%) children had isolated NE and 18 (52.9%) DUI (isolated or combined with NE). Sleep quality and motor activity were measured by a wrist-worn actigraph for 4 days and 4 nights. Further assessment included a physical examination, a 48 h bladder diary, standardized questionnaires on incontinence and behavioral symptoms (CBCL), a structured psychiatric interview, and an intelligence test.; Results: Children with incontinence had significantly shorter wake times after sleep onset (WASO), as well as a lower number of awakenings per night than controls. There were no differences in sleep quality parameters between children with NE and DUI. During the day, motor activity did not differ between patients and controls nor between children with NE and DUI. Patients had a significantly higher rate of CBCL total and externalizing problem scores. 44.1% of patients and 30.3% of controls had psychiatric disorders. In the patient group, there was a significant positive correlation between externalizing symptoms and sleep efficiency. Children with incontinence had significantly higher voiding frequency, a lower minimal voided volume, and a lower maximal voided volume. Sleep efficiency and voiding frequency were negatively correlated in the patient group.; Conclusion: In conclusion, children urinary incontinence (DUI, not only NE) show differences in sleep parameters, but not major differences in daytime activity. Sleep disturbances are heterogeneous and require more detailed studies, taking psychiatric comorbidity into consideration. Actigraphy is a valid tool to study children in a naturalistic setting over the day and night. In clinical practice, sleep disturbances need to be taken into consideration in the assessment and treatment of children with NE and DUI.; Trial Registration: DRKS00015110. (© 2026 Wiley Periodicals LLC.

3. Parental experiences with outpatient care for daytime urinary incontinence in children: a mixed methods study

Authors: Linde, J. M.;Kroes-van Hattem, Gertine;Pape, Lotte C. C. E. T.;Hofmeester, Ilse;Ekelmans-Hogenkamp, Janita;Steffens, Martijn G.;Kloosterman-Eijgenraam, Francis;Nijman, Rien J. M. and Blanker, Marco H.

Publication Date: 2026

Journal: Journal of Pediatric Urology 22(4), pp. 105897

Abstract: Introduction: Daytime urinary incontinence (DUI) is a prevalent condition in children that can have a negative impact on both their quality of life and their parents' psychosocial wellbeing. Parents play a central role in care and often initiate referrals. Despite this, parental experiences are underexplored.; Objective: The aim of this study was to explore how parents perceive and manage their child's DUI and the associated healthcare process.; Study Design: A mixed-methods study was set up. In the qualitative phase, semi-structured interviews were conducted with parents of children aged 4-12 years who had completed treatment for DUI at our outpatient clinic. Based on these interviews, a questionnaire was developed and distributed to all parents of children aged 4-18 years who were treated by a paediatrician or paediatric urologist between January 2016 and August 2019.; Results: Saturation was reached after seven interviews, revealing three domains influencing care experience. The questionnaire was completed by 85 respondents (response rate 29.5%). 1. Diagnostics/therapy: Diagnostic procedures were generally well tolerated by children, and voiding diaries were not burdensome for parents. Most parents aimed for complete dryness, 64% felt treatment

aligned with their goals and 43% reported achieving their goal. 2. Social context: Most parents (75.3%) were concerned about UI. Family life was affected in 36.5% of cases, and 42.4% felt unable to adequately support their child. 3. Interaction between professional and parent/child: Care was perceived as child-centred by 87.1%, and 78.8% felt stimulated to discuss their own concerns. According to parents, 64.8% of children felt comfortable discussing UI with the care professional. Most parents (85.7%) felt involved in treatment planning. However, when asked about their ability to choose a treatment, 49.4% responded 'neutral' and 22.9% disagreed. The mean overall satisfaction score from parents was 7.5 out of 10 (with 1 being the lowest and 10 the highest possible score).; Discussion: While overall satisfaction was high, experiences varied, and less than half of parents achieved their goal at the end of the treatment. Some parents primarily sought guidance rather than complete dryness. A lack of dialogue about goals or treatment options may leave needs (like guidance) unmet and lead to unnecessary care (e.g. treatment for total dryness).; Conclusion: Parents' experiences overall are positive, but can vary widely, affected by their goals and expectations. These findings highlight the importance of discussing expectations to improve outcomes and reduce healthcare use. (Copyright © 2026 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

4. Prevalence of Lower Urinary Tract Symptoms (LUTS) Amongst School Children Using Dysfunctional Voiding and Incontinence Scoring System (DVISS) – A Cross Sectional Study

Authors: S, Nikhil Nandan;Aishwarya, Kankipati S.;Krishnamurthy, Srividya T.;Nadella Chowdary, Harshitha and Reddy, Hamsa Vasanthashekar

Publication Date: 2026

Journal: Indian Journal of Pediatrics 93(3), pp. 313

5. Success of Antegrade Continence Enema (ACE) in Pediatric Patients with Impaired Fecal Control

Authors: Tervahartiala, Minna;Koivusalo, Antti and Pakarinen, Mikko

Publication Date: 2026

Journal: European Journal of Pediatric Surgery : Official Journal of Austrian Association of Pediatric Surgery ...Et Al] = Zeitschrift Fur Kinderchirurgie 36(2), pp. 95–101

Abstract: We aimed to describe long-term outcome, treatment success, and complications of antegrade continence enema (ACE) procedures considering underlying etiologies and associated disorders. Overall, 180 patients undergoing ACE procedure at our institution during 1997-2019 were included in this retrospective study. Treatment success was defined as patient staying clean. The main underlying etiologies included spina bifida (n = 65, 36%), anorectal malformations (n = 58, 32%), Hirschsprung disease (n = 25, 14%), and functional constipation (n = 7, 4%). The most common complications were stomal leakage (n = 39, 22%), stenosis (n = 38, 21%), infection (n = 35, 19%), and granuloma/mucosal prolapse of the stoma (n = 34, 19%), and 29% (n = 52) of the patients reported functional problems. Overall, 48% of the patients (n = 87) experienced at least one ACE-related complication. At the latest follow-up, 61% of the patients were using ACE (n = 110), of whom 86% stayed clean (n = 95). Overall, ACE treatment was successful in 81% of patients (n = 144), defined as being clean with ACE in current use or after discontinuing ACE treatment as unnecessary. In total, 31% of the patients had stopped using ACE as unnecessary (n = 45). Spina bifida patients were least likely to discontinue ACE usage (n = 9, 14%), followed by anorectal malformation patients (n = 17, 29%), while 32% of Hirschsprung patients (n = 8) and 71% of constipation patients (n = 5) discontinued ACE as unnecessary. As previous studies have also shown, we demonstrated that ACE treatment can be successfully utilized in majority of children with impaired fecal control. Two-thirds of patients continued ACE treatment over 5 years of whom 86% patients were staying clean. (Thieme. All rights reserved.)

Sources Used:

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