

Children's Continence

Current Awareness Bulletin

August 2026

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1. Moving toward a corticocentric view of pediatric urinary incontinence

Authors: Franco, Israel; Clayton, Douglass and Wu, Hsi-Yang

Publication Date: 2026

Journal: Journal of Pediatric Urology 22(4), pp. 105988

Abstract: Dr. Israel Franco is Adjunct Professor of Clinical Urology at Yale School of Medicine. Previously he was Professor of Urology at New York Medical College and Yale School of Medicine. He has held multiple leadership positions in the International Children's Continence Society (ICCS) and on September 5, 2025, he delivered the Kelm Hjalmas lecture at the ICCS meeting in Vienna, Austria. He has long advocated for improved understanding of pediatric urinary continence by looking at the central control of the bladder and urethral sphincter. We took this opportunity to further discuss how this view affects his clinical approach and where he thinks this will lead us in our treatment of pediatric urinary incontinence.

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 45(6), pp. 1046–1054

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.

3. Long term outcomes of the antegrade continence enema in children with an anorectal malformation - A systematic review

Authors: Lane, Rosemary;Comella, Assia;Trajanovska, Misel and King, Sebastian K.

Publication Date: 2026

Journal: Journal of Pediatric Surgery 61(8), pp. 163203

Abstract: Purpose The role of the antegrade continence enema (ACE) in children has been studied extensively; however, its role specifically in children with an anorectal malformation (ARM) is less clearly documented. This systematic review aimed to synthesise and evaluate existing data regarding long-term outcomes of ACE in children with ARM. Methodology Two databases (Embase and MEDLINE) were reviewed. Studies were eligible if their population included children under the age of 18 with an ARM who underwent an ACE procedure. All studies from when the ACE was first described in April 1990, to April 2025, were considered. We excluded conference abstracts, non-English papers and studies with less than five children with ARM in the described population. Results After excluding duplicates, there were 456 relevant papers. Following abstract and full text screening, 19 papers were eligible for analysis. Most studies were case series, with two cross-sectional studies. The total number of children with ARM and ACE was 696. The type of ARM was specified in 205 of these patients. The type of ACE was reported for 317 patients. Although differences in continence definitions were found, continence data following the procedure were available from 16/19 studies with 404/479 patients reported to have faecal continence with ACE. There was insufficient data to subdivide the outcomes into either types of ACE or type of ARM. Complications were reported in seven studies; 128/474 patients experienced complications associated with their ACE. A total of 24 patients were reported to have ceased use of their ACE, 19 of whom no longer required it. Quality of life outcomes were commented on in four papers with overall improvement post ACE. Conclusion This systematic review

highlights the lack of reporting and subgroup analysis in the published literature regarding long-term outcomes of ACE use in children with ARM. These patients differ from those with chronic idiopathic constipation, neurogenic bowel or Hirschsprung disease and, therefore, require an independent assessment of the utility of the ACE. We urge authors to consider children with ARM as a separate group when reporting outcomes of ACE use in future studies.

4. 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.

5. The effectiveness of a video-modeling-based treatment package for incontinence in children with and without developmental disabilities

Authors: van Galen, Maayke; Huskens, Bibi; von Gontard, Alexander and Didden, Robert

Publication Date: 2026

Journal: Research in Developmental Disabilities 175, pp. 105330

Abstract: Background Incontinence can have a significant impact on the wellbeing of children with different developmental profiles. Due to a growing emphasis on interventions that respect the individual's dignity, promote self-determination, and support meaningful participation in daily life, a

video modeling based treatment package is an intervention that aligns with these values. **Aims** This study aimed to evaluate the effectiveness of a video-modeling based treatment package on the incontinence in children with and without developmental disabilities. **Method** The current study used a single-case research design using a multiple probe design across participants. The sample consisted of 12 children, of whom five had average intelligence, six children scored within the mild to moderate range and one child had a severe intellectual disability and who displayed daytime urinary incontinence and/or fecal incontinence/constipation. Data were analyzed using visual analysis of the multiple probe design and effect sizes were calculated using Tau-U and Cohens h scores. **Results** The data showed that 83% of the children who exhibited episodes of fecal incontinence achieved a full treatment response, whereas 17% demonstrated a partial response. Among the three children with constipation accompanied by severe stool-withholding behavior (i.e., no toilet defecation during baseline), all subsequently learned to produce successful bowel movements in the toilet. Of the nine children with daytime urinary incontinence, 67% achieved a full response and 33% showed a partial response. Tau-U analyses indicated a large effect of the intervention on reducing episodes of urinary incontinence, a moderate effect on increasing successful bowel movements, and a small effect on reducing episodes of fecal incontinence. Additionally, the intervention produced a large effect ($h \geq 0.80$) in teaching 78% of the children to perform toileting behaviors independently. **Conclusion** A video-modeling based intervention may be effective in reducing episodes of urinary and/or fecal incontinence in children and may simultaneously promote greater independence by increasing independent toileting skills. Therefore, when standard interventions are not sufficient, video modeling can be a useful and effective component of specific urotherapy that can be provided in an outpatient setting.

6. Psychological and Psychiatric Issues in Enuresis and Urinary Incontinence-A Revised and Updated Document of the International Children's Continence Society (ICCS)

Authors: von Gontard, A.;Joinson, C.;Barroso, U.;Caldwell, P.;Ohtomo, Y. and Nieuwhof-Leppink, A.

Publication Date: 2026

Journal: Neurourology and Urodynamics 45(6), pp. 1019–1034

Abstract: **Purpose** The aim is to provide an updated and revised overview of psychological and psychiatric aspects of nocturnal enuresis (NE) and daytime urinary incontinence (DUI). Clinical behavioral disorders and subclinical psychological symptoms are reviewed. Aspects of screening, assessment, counseling, and in severe cases, treatment are outlined and recommendations are formulated. **Methods** Relevant publications on psychological and psychiatric aspects are reviewed. The recommendations passed several rounds of consensus finding and were circulated among ICCS board members. **Results** In addition to subclinical effects on self-esteem, quality of life and stress, the rate of comorbid psychiatric disorders is increased compared to continent children. 20%-30% of children with NE and 20%-40% with DUI fulfill the criteria for clinically relevant psychiatric disorders. These concomitant psychological disturbances include externalizing, internalizing and neurodevelopmental disorders. They require assessment and counseling, in severe cases treatment. They have a negative effect on compliance and outcome if not addressed and left untreated. The paper provides an overview of the most important and common disorders encountered in young patients with NE/DUI. **Recommendations** Because the comorbidity rate is high, screening for psychological symptoms is recommended for all children with NE or DUI in all settings. In addition to clinical observation, exploration and history taking, standardized, validated broadband behavioral questionnaires are recommended. If problem items in the clinical range are present, a full child psychiatric or psychological assessment is recommended.

7. Psychological and Psychiatric Issues in Functional Constipation, Fecal Incontinence and Bladder and Bowel Dysfunction-A Revised and Updated Document of the International Children's Continence Society (ICCS)

Authors: von Gontard, Alexander;Nieuwhof-Leppink, Anka;Barroso, Ubirajara and Joinson, Carol

Publication Date: 2026

Journal: Neurourology and Urodynamics 45(6), pp. 1035–1045

Abstract: Purpose The aim is to provide an updated and revised overview of psychological and psychiatric aspects of fecal incontinence (FI), functional constipation (FC), non-retentive FI (NRFI) and bladder and bowel dysfunction (BBD). Clinical behavioral disorders and subclinical psychological symptoms are reviewed. Aspects of screening, assessment, counseling, and in severe cases, treatment are outlined and recommendations are formulated. Methods Relevant publications on psychological and psychiatric aspects are reviewed. The recommendations passed several rounds of consensus finding and were circulated among ICCS board members. Results In addition to subclinical effects on self-esteem, quality of life, and stress, the rate of comorbid psychiatric disorders is increased. 30%-50% with FI, FC, and NRFI fulfill the criteria for clinically relevant psychiatric disorders. A special risk group is children with BBD. The concomitant psychiatric disturbances include externalizing, internalizing, and neurodevelopmental disorders. They require assessment and counseling, in severe cases, treatment. They have a negative effect on compliance and outcome if not addressed and left untreated. Recommendations Because the comorbidity rate is high, screening for psychological symptoms is recommended for all children in all settings with FI, FC, FNRFI and BBD. In addition to clinical observation, exploration and history, standardized, validated broadband behavioral questionnaires are recommended. If problem items in the clinical range are present, a full child psychiatric or psychological assessment is recommended.

Sources Used:

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