

马来西亚原发性夜间遗尿症(PNE)的治疗研究

马来西亚为得出非药物疗法和口服去氨加压素(DDAVP)治疗 PNE 的效果,共统计了 6-18 岁夜间遗尿症的儿童数据。该群患儿尿床频率最少为 6 次 /14 晚。采取了 3 种治疗方法:液体管理、反馈疗法和口服 DDAVP。疗效记录为部分有效(尿床减少率 $\geq 50\%$)和痊愈(完全无尿床)。71 例健康儿童完成了 12 周的治疗。23 例儿童(32.4%)仅对非药物疗法有效(4 例痊愈,19 例部分有效)。另外 37 例(51.2%)对口服 DDAVP 有效(32 例用 0.2mg,4 例使用 0.4mg,1 例用 0.6mg)。32%患儿痊愈。非药物组和口服 DDAVP 组在治疗期间平均尿床次数均明显降低 ($p<0.01$)。治疗 12 周后停用 DDAVP 结果尿床次数开始增加,但仍明显低于基础水平($p<0.01$)。治疗期间未做不良反应记录,马来西亚的这三种治疗方法对儿童 PNE 都有效且耐受良好。

The treatment of primary nocturnal enuresis in Malaysia

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To determine treatment outcomes in Malaysian children with primary nocturnal enuresis using both non-pharmacological methods and oral desmopressin. Data was collected prospectively from children aged 6-18 years who were referred to the Hospital UKM Enuresis Clinic. Treatment was given to those with a baseline wetting frequency of at least six wet nights/14 nights. Three modalities were offered: fluid management, reward system and oral desmopressin. Response was recorded as partial ($> \text{ or } = 50\%$ reduction in WN from baseline) or full (completely dry). Seventy-one healthy children completed 12 weeks of therapy. Twenty-three children (32.4%) responded to non-pharmacological

methods alone (4 full and 19 partial). Another 37 children (51.2%) responded to oral desmopressin (32 to 0.2mg, 4 to 0.4mg and 1 to 0.6mg). Thirty-two percent became dry whilst on therapy. The mean wetting frequency during treatment was significantly reduced ($p < 0.01$) compared to the baseline mean for both the non-pharmacological group and the desmopressin group. Discontinuation of desmopressin after 12 weeks increased the wetting frequency but this was still significantly lower than at baseline ($p < 0.01$). No adverse events were recorded. Treatment of primary nocturnal enuresis in Malaysian children is both effective and well tolerated using fluid management strategies, reward systems and oral desmopressin.

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