

Enuresis and Sleep Disorders in Children

I read with interest the recent article by Anyanwu, *et al.* [1] published in *Indian Pediatrics* and have following comments to offer:

The association of sleep disorders and nocturnal enuresis have been established in previously published reports. A retrospective study of the 525 children with snoring referred for polysomnography found that 67.7% of these children had nocturnal enuresis [2]. The authors of present article [1] also found that nocturnal enuresis was significantly associated with poor sleep hygiene. A systematic review of 14 studies found that sleep-disordered breathing is associated with nocturnal enuresis and adeno-tonsillectomy was associated with significant improvement in enuresis [3].

In the present study, it would have been interesting to know the presence of sleep-disordered breathing in the patients having enuresis by using appropriate scales. Moreover, as the study intended to find out the association of nocturnal enuresis with sleep, we expected the authors to have subjected enuretic children to Pediatric sleep questionnaire (PSQ) to find out the prevalence of sleep-disorders/sleep-disordered breathing. These findings are important as children having nocturnal enuresis along with obstructive sleep apnea may require different therapeutic interventions [4].

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Enuresis and Sleep Disorders in Children: Author's Reply

The main outcome for our study was to define the prevalence of nocturnal enuresis and assess its association with behavioral disorders, school performance and sleep disorders. BEARS is an acronym and incorporates five basic sleep domains: Bedtime problems, including difficulty going to bed and falling asleep; Excessive daytime sleepiness, which includes behaviors typically associated with daytime somnolence in children; Awakenings during the night; Regularity of sleep/wake cycles (bedtime, wake time) and average sleep duration; and Snoring [1]. These represent the most common sleep disorders in children. We used the BEARS pediatric sleep questionnaire. Though one of its domain is snoring, which is a sleep-related breathing-disorder, it does not describe other sleep-related breathing disorders as would the Pediatric Sleep-related breathing-disordered (SRBD). scale. It is however a screening tool which can be used in a busy outpatient department to identify persons who may require further assessment. It suffices in a resource-poor country like ours where polysomnography is not readily available. Moreover, SRBD scale was not readily available, and has not been validated in Nigeria. We however agree that it is important as children having nocturnal enuresis along with obstructive sleep apnea may require different therapeutic interventions.

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