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Enuresis (Bed Wetting)

Enuresis is the repetitive involuntary passage of urine at inappropriate place especially at bed, during night time, beyond the age of 4 to 5 years.

Causes

- Improper toilet training
- Deep sleep with inability to receive the signals from distended bladder to empty it
- Emotional atmosphere: Conflicts in family, dominant parent, sibling rivalry, punishment
- Environmental causes:- Dark passage to toilet or fear of toilets or toilet at distance from bedroom
- Organic causes:- Anatomical defect of urinary tract, UTIs, neurological deficit, seizure disorders etc.

Types

Two types.

(1) Primary/Persistent enuresis

It is characterized by delayed maturation of neurological control of urinary bladder due to organic cause.

(2) Secondary/Regressive enuresis

In this type the normal bladder control is developed for several

months after which the child again starts bed wetting at night due to regressive behavior like illness & Hospitalization or due to any emotional deprivations.

Management

- The child & parent should be explained about the factors related to bedwetting. Parents should be explained about enuresis & asked to take precautions against scolding, shaming, threatening & punishing the child.
- Child should be explained about toilet training. They may be told to withhold the urine for longer period.
- Restrictions of fluids in the evening & helping the children in developing the habit of passing urine before going to bed. Children may be woken up once or twice, three to four hours later.
- The child can assume responsibility for changing the bed cloths.
- Parents should encourage & reward the child for dry nights.
- Drug therapy with tricyclic antidepressant (imipramine) are useful.
- Conditioning therapy by using electric alarm bell mattress is a effective & safest method, when the child wakes up as soon as the bed is wet.

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Nail Biting

Nailbiting is bad oral habit especially in school age children beyond 4 years of age (5-7 years). It is a sign of tension & self punishment to cope with the hostile feeling towards parents. The child may bite all finger nail or any specific one.

Causes:

- Feeling of insecurity
- Conflict & hostility at home.
- Pressurized study
- Watching fighting violet scenes

The bite may include the cuticle or skin margins of nail bed or surrudig tissue.

Management:

- The child should be praised for well kept hand by breaking the habit to maintain self-confidence.
- The child's hand to be kept busy with creative activities or play.
- Punishment to be avoided.
- Parents need reassurance & assistance to accept the situation and to help the child to overcome the problem.
- Parents should take steps to remove the habit of nail biting in their child.

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Thumb Sucking

Thumb sucking or finger sucking is a habit disorder due to feeling of insecurity & tension reducing activities.

Causes.

- Inadequate oral satisfaction during early infancy as a result of poor breastfeeding.
- In older children, this habit may develop when they're tired, bored, frustrated or at bed & want to sleep but feel lonely.

Complications

- Maldisposition of teeth
- Difficulty in mastication & swallowing.
- Deformity of thumb.
- Facial distortion
- Speech difficulties.

Management

- Parents & family members need support & to be advised not to become irritable, anxious & tense.
- Praising & encouraging child for breaking the habit are very useful.
- Distraction during bored time or engaging the thumb or finger

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for other activity to be practised to keep the hand busy.
- The child should not be scolded for the habit.
- Consultation with dentist & speech therapist may be required to correct the complications.
- Hygienic measures to be followed & infections to be treated promptly.
- The best way to prevent this habit is by fulfilling infant's need for sucking during infancy by allowing the children to suck the breast or bottle for sufficient time & never to remove the children abruptly while sucking.

Pica or Geophagia

Pica is a habit disorder of eating nonedible substances such as clay, paints, chalk, pencil, plaster from wall, earth, scalp hair etc.

Causes
- Parental neglect.
- Poor attention of caregiver.
- Inadequate love & affection

It is common in poor socioeconomic family & in malnourished & mentally subnormal children.

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Associated problems

- Vitamin & mineral deficiency
- Trichotillomania (pulling out of hair & swallow).
- Trichobezoar (a big palpable lump in the upper abdomen due to collection of swallowed hair).
- Intestinal parasitosis.

Management

- Praising & encouraging child for breaking the habit.
- Encourage caregivers to provide adequate diet, love & affection to their child.
- Management of this problem is done with psychotherapy of the child & parents.
- Associated problems should be treated with specific management.

Tics or Habit Spasm

Tics are sudden abnormal involuntary movements. It is repetitive, purposeless, meaningless movements of skeletal muscles mainly of the face, eyes, neck and shoulder.

Causes

- Tics occur most often in school children for discharge of tension in maladjusted emotionally disturbed

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Child
- It is outlet of supressed anger and worry for the control of aggression.
- Neurodevelopmental disorder eg; Autism, mental retardation etc.

→ Types
There are three types:
① Simple tics
② Complex tics
③ Gilles de la Tourette's syndrome

① Simple tics
These are sudden, brief & repetitive. It involve few muscle groups.
It is further of two types:
* Simple motor tics
It can be found as eye blinking, head jerking, shoulder shrugging, finger flealing.
* Simple Vocal tics
It can be found as yelling, throat clearing, sniffing/snorting, barking, grunting sounds.

② Complex tics
These are distinct, coordinated patterns of movements. It may involve many group of muscles.
It is further of two types:
* Complex motor tics
It can be found as smelling or touching objects, flapping the arms,

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Hopping, touching the nose.
* Complex vocal tics
It can be found as using different tones of voice, echolalia (pathological repetition by imitation of the speech of another), palalalia (repetitious, sometimis continuous repetition of one word).

③ Gilles de la Tourette's syndrome
It is a special type of tics characterized by multiple motor tics and vocal tics. It seems to be a genetic disorder with onset at around 11 years of age.

→ Management

- It requires for special management with behavior therapy, counselling & drug therapy with heloperidol group of drug.
- Parental reassurance & counseling of the child.
- Child with tics should not be scolded for such actions. These actions may be decreased when they become more relaxed.