Eye Movement Desensitisation and Reprocessing (EMDR) treatment for persistant nocturnal enuresis

Published: 15-01-2008
Last updated: 08-05-2024

The aim of the study is to investigate if alarm treatment in combination with EMDR is a better method for persistent enuresis nocturna than only alarm treatment.Subquestions: 1. What is the success percentage of EMDR with alarm treatment? 2. If EMDR...

Ethical review	Approved WMO
Status	Pending
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON31355

Source
ToetsingOnline

Brief title
EMDR as treatment for persistant nocturnal enuresis

Condition

- Other condition
- Urinary tract signs and symptoms

Synonym
bedwetting and night wetting

Health condition

enuresis nocturna

Research involving
Human

Sponsors and support

Primary sponsor: Deventer Ziekenhuis
Source(s) of monetary or material Support: Er is een aanvraag gedaan bij Nuts Ohra

Intervention

Keyword: Bedwetting, EMDR, Enuresis nocturna, Treatment

Outcome measures

Primary outcome

Wet versus dry

Number of EMDR sessions

Number of training days before being dry

Secondary outcome

Wet versus dry after follow-up

Relapse

Mono-symptomatic versus non mono-symptomatic

Bladder capacity

Arousability

Study description

Background summary

Enuresis is a common problem of childhood. Alarm treatment is the most effective method, but treatment can be expanded with bladder training and medication. In a Dutch survey of primary enuresis patients treated in primary care 85.5% of the patients was dry after alarm treatment, after 2 years of follow up 76.7% was still dry. (Leerdam, 2005). So 15% of the patients remain wet and 10 percent have a relaps. Spontaneous resolution of bedwetting is described as 15% per year (Neveus, 2006). Self esteem and confidence are decreased in enuretic patients. Persisting enuresis can have a large psychosocial impact.

The aim of this study are patients who are not treated successfully with the accepted methods. The method to investigate in this research is a combination of alarm treatment and EMDR. EMDR is added to the treatment for processing the traumatic memories of being wet and for visualizing being dry to increase self-confidence.

Study objective

The aim of the study is to investigate if alarm treatment in combination with EMDR is a better method for persistent enuresis nocturna than only alarm treatment.
Subquestions:
1. What is the success percentage of EMDR with alarm treatment?
2. If EMDR is added to alarm treatment do children with persistent enuresis nocturna become more rapidly dry compared with only alarm treatment?
3. If EMDR is added to alarm treatment is there less relapse?
4. Is there a difference in the success percentage of EMDR in combination with alarm treatment between children with mono - and non mono-symptomatic enuresis?
5. If EMDR is added to alarm treatment does this influence bladder capacity or arousability?

Study design

It is an open randomized intervention study.

Intervention

The intervention group receives 1-2 sessions EMDR, subsequently standard alarm treatment starts. The first 10 days of the alarm treatment before going to bed they listen to mp3 with a story to visualize awakening at night from the alarm and visualize how it looks and feels to awake dry in the morning. The control group only receives alarm treatment.

Study burden and risks

The treatment consists of 1-2 sessions EMDR and during the alarm treatment on 10 consecutive days listening to a mp3 for approximately 6 minuts. There are no risks.

Contacts

Public
Deventer Ziekenhuis

Postbus 5001
7400 GC Deventer
NL
Scientific
Deventer Ziekenhuis

Postbus 5001
7400 GC Deventer
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)
Children (2-11 years)

Inclusion criteria

persistent nocturnal enuresis: no effect of earlier alarm treatment
age: 8-18 year
no abnormalities in day/night variation of urinary osmol.

Exclusion criteria

Disturbance of osmol test
Primary Family problems
No motivation

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-11-2007
Enrollment:	150
Type:	Anticipated

Ethics review

Approved WMO

Date:	15-01-2008
Application type:	First submission
Review commission:	METC Isala Klinieken (Zwolle)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL18618.075.07