APPENDIX B- NICE Nocturnal Enuresis / Bedwetting Guideline: Key clinical Questions and Search Strategies

Background link between the scope and questions

Questions listed have been developed in relation to the clinical areas covered in the NICE NE guideline scope. Each question has been written to cover a specific dimension of an area in the scope. The questions have been developed by the technical team in consultation with the clinical advisor who has provided guidance on wording and clinical relevance of the specific questions.

The questions are structured according to the PICO format, i.e. they consist of the **population**, **intervention(s)**, **comparison(s)**, and **outcome(s)** of interest to the guideline developers. The purpose of formatting questions in this style is so that structured literature searches of relevant electronic databases (e.g. Medline, Embase, CINAHL) can be developed by information scientists in order to identify relevant research studies.

Each question is essentially a topic for an individual systematic review conducted during the development phase of the guideline. Questions shaded in grey are to be combined and those in light blue are confirmed.

Clinical Question	***Type of Study***	***Population***	***Intervention***	***Comparator***	***Proposed Outcome***
Assessment					
What are the **core elements of initial clinical history and examination**, in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **General evidence review on assessment.**	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub group to include patients with: Special needs (learning disabilities, emotional and ADHD)	History taking and examination	None	Excluding secondary causes Establish pattern of wetting to include: Overactive bladder Constipation
What are the **core laboratory urine / blood**	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)	Laboratory urine / blood tests	None Other diagnostic tool	Excluding secondary causes Establish pattern of wetting to include

tests in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **General evidence review on assessment**					Overactive bladder
What is the incremental benefit and cost effectiveness of **radiological examination,** in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **General evidence review on assessment**	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Therapy resistant children Daytime symptoms UTI Constipation	Radiological examinations (e.g. ultrasound)	None Other diagnostic tool	Excluding secondary causes Establish pattern of wetting to include Overactive bladder
What are the core **elements of bladder diaries and other assessment tools**, in the evaluation of children and young people under 19 years old who have nocturnal	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)	Bladder diaries and other tools	None Other diagnostic tool	Excluding secondary causes Establish pattern of wetting to include Overactive bladder

enuresis? **General evidence review on assessment**					
How should a **psychological assessment** be conducted, in the evaluation of children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **General evidence review on assessment**	Non-RCT studies	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)	Psychological assessment	None Other diagnostic tool	Excluding secondary causes Establish pattern of wetting to include Overactive bladder
Support and follow up/ relapse prevention	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data.				
What is the clinical and cost effectiveness of **support and follow up** care for children and young people under 19 years old who have	RCT for general NE population Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Day time symptoms Young (under 7 years) Special needs (learning disabilities, emotional and ADHD)	Support and follow up for patients	No support or follow up	Continued success Relapse prevention Psychological effects(self-esteem, self-concept, PinQ) Quality of life measure Drop out

nocturnal enuresis (bedwetting)? **No evidence indentified**		Severe wetting (6-7 nights a week) Previously successful and with subsequent relapse			
What is the clinical and cost effectiveness of **support and follow up care for the parents and carers of children and young** people under 19 years old who have nocturnal enuresis (bedwetting)? **No evidence indentified**	RCT for general NE population Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Day time symptoms Young (under 7 years) Special needs (learning disabilities, emotional and ADHD) Severe wetting (6-7 nights a week) Previously successful and with subsequent relapse	Support and follow up for parents and carers Support groups	No support or follow up	Continued success Relapse prevention Psychological effects(self-esteem, self-concept, PinQ) Quality of life measure Drop out
What is the clinical and cost effectiveness of **relapse prevention strategies for children and young people** under 19 years old who have nocturnal enuresis (bedwetting)? **No evidence indentified**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Day time symptoms Young (under 7 years) Special needs (learning disabilities, emotional and ADHD) Severe wetting (6-7 nights a week) Previously successful and with subsequent relapse	Relapse prevention strategies (e.g. follow-up, over-learning specifically to alarms, intermittent use, sudden or slow withdrawal) Drug or alarm	No relapse prevention strategies	Continued success Relapse prevention Psychological effects(self-esteem, self-concept, PinQ) Quality of life measure Drop out

What is the clinical and cost effectiveness of **treating relapses in previously successful in children and young people** under 19 years old who have nocturnal enuresis (bedwetting)? **No evidence indentified**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data.	General NE (bedwetting) population				
What is clinical and cost effectiveness of **additional investigation and treatment in children** who have not responded to an adequate trial of both desmopressin and or alarms?	RCT for general NE population (bedwetting) Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting)who have been unsuccessful in previous treatments Sub groups to include patients with: Day time symptoms Young (under 7 years) Special needs (learning disabilities, emotional and ADHD) Severe wetting (6-7 nights a week)	Psychological assessments Radiological investigations Treatment for second time-query any other treatments		Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs	
Patient Choice						To consider special needs children
In children and young people with nocturnal enuresis (bedwetting), how does **patient or parent/carer choice over**	***Survey, Interviews***	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Day time wetting, urinary urgency and	Patient and carer choice	Patient choice compared to parent/carer choice compared to clinician choice	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive	Looking for patient preference trials, otherwise extrapolations, narrative etc.

treatment intervention influence treatment outcomes? **Evidence Review**		frequency No day time symptoms (monossymptomatic NE) Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			months (continuing success) Dry for 2 consecutive years? Adverse events Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs	
Family Impact						
What is the **family impact** of children and young people aged under 19 who have Nocturnal Enuresis (bedwetting)? **Evidence Review**	Surveys, Interviews	All groups				
Under 5 Year olds						
What are the **predictive, prevention, and treatment options for 5-**7 year olds? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies	General NE (bedwetting)population Bladder dysfunction				

	(CCT, cohort level) for subgroup data					
Complex behavioural						
What is the clinical and cost effectiveness of **dry bed training** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Day time wetting, urinary urgency and frequency No day time symptoms (monossymptomatic NE) Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Constipation Young (under 7 years) Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset	Dry bed training Core components: -regular waking -drinking -with or without alarm (will need to further define but from Cochrane reviews: waking each hour, cleanliness training, positive practice) Full spectrum training (alarm with retention control, overlearning, cleanliness training)	No treatment Alarms Other treatment	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
Simple behavioural					
What is the clinical and cost effectiveness of **bladder training / retention control training** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Constipation Young (under 7	Daytime bladder training Retention control training	No treatment Other treatment	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		years) Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of **fluid and dietary advice** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Constipation	Night time fluid restriction Increasing day time fluids Diet advice Diet or food restriction	No treatment Other treatment	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		Young (under 7 years) Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of **star charts and other reward systems** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting) population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Special needs (learning disabilities,	Star charts and other reward systems	No treatment Other treatment	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs Behaviour changes

		emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
Alarms					
What is the clinical and cost effectiveness of **alarms** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Special needs (learning	Alarm alone (body worn, bed, vibrating, wireless, voice recorded, multi-tone, bell and pad)	No treatment; Alarm and drugs (Desmopressin, Imipramine, amitriptyline, nortriptaline, anticolinergic oxybutinin, long-acting tolterodine) Drugs (Desmopressin, Imipramine, amitriptyline, nortriptaline, anticolinergic oxybutinin, long-acting tolterodine) Other treatment; Alarm with behavioural treatment (dry bed training) Complementary therapies Standard advice/care Alarm and support	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events (sleep disruption, false alarms, drop-outs) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
Drugs					
What is the clinical and cost effectiveness of **desmopressin (nasal, tablets and melts**) for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Children with sickle cell	Desmopressin Nasal, tablets and melts (N.B. nasal not licensed for NE but much evidence from this area)	No treatment Other treatment (alarm, desmo combined with anticolinergic-oxibutinin, alarm combined with desmopressin, imipromine Placebo	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events (fluid retention, constipation) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		disease Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of **desmopressin (nasal, tablets and melts**) for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **(High versus Low Dosages)** **Evidence Review**	Additional Searches- Non-RCT studies (CCT, cohort level)	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Children with sickle cell disease	Desmopressin Nasal, tablets and melts (N.B. nasal not licensed for NE but much evidence from this area)	No treatment Other treatment (alarm, desmo combined with anticolinergic-oxibutinin, alarm combined with desmopressin, imipromine Placebo	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events (fluid retention, constipation) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of **tricyclic drugs** for children and young people under 19 years old who have nocturnal enuresis(bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Children with sickle cell disease	Tricyclic drugs – Imipramine, amitriptyline, nortriptaline.	No treatment Other treatment Placebo	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events (fluid retention, constipation) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of **anticholinergic drugs** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Children with sickle cell disease Special needs	Oxybutinin (licensed) Long-acting Tolterodine (not licensed) is in the BNF for children	No treatment Other treatment Placebo Combination	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events (fluid retention, constipation) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		(learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of **dose escalation in oxybutinin** for children and young people under 19 years old who have nocturnal enuresis (bedwetting) **Evidence Review**	Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Children with sickle cell disease Special needs (learning	Oxybutinin (licensed) is in the BNF for children	No treatment Other treatment Placebo Combination	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events (fluid retention, constipation) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
What is the clinical and cost effectiveness of **dose escalation in imipramine** for children and young people under 19 years old who have nocturnal enuresis (bedwetting) **Evidence Review**	Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Children with sickle cell disease Special needs (learning disabilities, emotional and	Imipramine	No treatment Other treatment Placebo Combination	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events (fluid retention, constipation) Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			
Education / psychological interventions					
What is the clinical and cost effectiveness of **educational/information interventions** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review** What are the **educational need**s of children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **No evidence identified.**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Special needs (learning disabilities, emotional and ADHD)			

What is the clinical and cost effectiveness of **psychological interventions** for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monossymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent relapse			

Alternative interventions					
What is the clinical and cost effectiveness of alternative interventions for children and young people under 19 years old who have nocturnal enuresis (bedwetting)? **Evidence Review**	RCT for general NE (bedwetting) population Non-RCT studies (CCT, cohort level) for subgroup data	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: **Day time wetting, urinary urgency and frequency (polissymptomatic)** **No day time symptoms (monosymptomatic NE)** Nocturnal Poliuria- large amounts of dilute urine in the first 1/3 of the night. Young (under 7 years) Special needs (learning disabilities, emotional and behavioural e.g. ADHD) Secondary onset Severe wetting (6-7 nights a week) Family history Previously successful with alarm and with subsequent	Acupuncture Hypnotherapy Chiropractic Homeopathy Cranial osteopathy Reflexology	No treatment Other treatment Placebo / sham acupuncture	Reduction/change in number of wet nights Dry for 14 consecutive nights Dry for 6 consecutive months (continuing success) Dry for 2 consecutive years? Adverse events Psychological effects (self-esteem, self-concept, PinQ) Quality of life measure Drop-outs

		relapse			
What is the clinical and cost effectiveness of the treatment for children and young people aged under 19 years of age who have nocturnal enuresis (bedwetting) and **who do not respond to initial treatment with desmopressin and / or enuresis alarm**s)? **Evidence Review**	RCT for general NE (bedwetting)population Non-RCT studies (CCT, cohort level) for subgroup data.	Children and young people under 19 years old who have nocturnal enuresis (bedwetting) Sub groups to include patients with: Day time symptoms Young (under 7 years) Special needs (learning disabilities, emotional and ADHD) Severe wetting (6-7 nights a week) Previously successful and with subsequent relapse	Drug, alarm or any other intervention listed under the KCQs	No treatment Other treatment	Continued success Response/ partial response Psychological effects(self-esteem, self-concept, PinQ) Quality of life measure Drop out

Nocturnal enuresis (bedwetting) search strategies

The strategies were developed for use on the OVID interface and Search 2 via NLH . The following databases were searched: Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (DARE), Health Technology Assessment Database (HTA), MEDLINE, EMBASE, CENTRAL, CINAHL and PsycINFO .

The Economic literature was searched using an economic and quality of life filter developed by ScHARR for Medline and EMBASE. The following were searched: NHS Economic Evaluations Database (NHSEED), MEDLINE, and EMBASE.

Searches were conducted for systematic reviews and randomised controlled trials using search filters developed by the Centre for Reviews and Dissemination, SIGN and Cochrane Collaboration. Additional searches were undertaken for studies of other designs.

Copies of all the search strategies are available on request from the National Clinical Guidelines Centre.

CENTRAL database via Cochrane Library Issue 4 2008

Searched 14/10/08 update 13/11/09

#1 MeSH descriptor Nocturnal Enuresis explode all trees

#2 (betwett* or (bed near/2 wett*)):ti,ab

#3 (nocturna* near/2 (enuresis or enuretic* or incontinence)):ti,ab

#4 (night* near/2 (enuresis or enuretic* or incontinence)):ti,ab

#5 (sleep near/2 (enuresis or enuretic* or incontinence)):ti,ab

#6 (enuresis near/1 nocturna):ti,ab

#7 (child* near/1 enuresis):ti,ab

#8 MeSH descriptor Enuresis, this term only

#9 MeSH descriptor Pediatrics, this term only

#10 MeSH descriptor Adolescent, this term only

#11 (child* or pediatric* or paediatric* or boy* or girl* or juvenile* or teen* or adolescen* or youth*):ti,ab

#12 child*:kw

#13 (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7)

#14 (#9 OR #10 OR #11 OR #12)

#15 (#8 AND #14)

#16 (#13 OR #15)

DARE database 1995-2008 & HTA Database 1995-2008

Via CRD Databases http://www.crd.york.ac.uk/CRDWeb/

Searched 13/10/08, update 13/11/09

1 enuresis

2 MeSH Enuresis EXPLODE

3 bedwet*

4 bed NEAR wet*

5 night* NEAR incontinence

6 sleep* NEAR incontinence

7 enuretic*

8 nocturnal NEAR incontinence

9 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8

Database: Ovid MEDLINE(R) <1950 to present

Via Ovid SP searched 13/10/08, 26/02/09

Update search: 15/12/09

1.1 Search Strategy:

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1 Nocturnal Enuresis/

2 (bedwett$ or (bed adj2 wett$)).ti,ab.

3 (enuresis adj nocturna).ti,ab.

4 (nocturna$ adj2 (enuresis or enuretic$ or incontinence)).ti,ab.

5 (night$ adj2 (enuresis or enuretic$ or incontinence)).ti,ab.

6 (sleep adj2 (enuresis or enuretic$ or incontinence)).ti,ab.

7 (child$ adj enuresis).ti,ab.

8 or/1-7

9 Enuresis/

10 exp child/

11 pediatrics/

12 adolescent/

13 (child$ or pediatric$ or paediatric$ or boy$ or girl$ or juvenile$ or teen$ or adolescen$ or youth$).ti,ab.

14 or/10-13

15 9 and 14

16 8 or 15

Database: EMBASE <1980 to present

Searched 13/10/08 and 26/02/09

update search: 15/12/09

Search Strategy:

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1 Nocturnal Enuresis/

2 (bed wett$ or (bed adj2 wett$)).ti,ab.

3 enuresis nocturna.ti,ab.

4 (nocturna$ adj2 (enuresis or enuretic$ or incontinence)).ti,ab.

5 (night$ adj2 (enuresis or enureetic$ or incontinence)).ti,ab.

6 (sleep adj2 (enuresis or enuretic$ or incontinence)).ti,ab.

7 (child$ adj enuresis).ti,ab.

8 or/1-7

9 ENURESIS/

10 Child/

11 pediatrics/

12 Adolescent/

13 juvenile/

14 (child$ or pediatric$ or paediatric$ or boy$ or girl$ or juvenile$ or teen$ or adolescen$ or youth$).ti,ab.

15 or/10-14

16 9 and 15

17 8 or 16

Cinahl 1982-present via NLH Search 2

Searched 14/10/08, 26/2/09

Update search 13/11/09

1.2 Search History:

2. CINAHL; (enuresis ADJ nocturna).ti,ab; .

6. CINAHL; (child* ADJ enuresis).ti,ab;

7. CINAHL; (nocturna adj2 enuresis).ti,ab;

8. CINAHL; (nocturna* adj2 enuresis).ti,ab; .

9. CINAHL; (nocturna* adj2 enuretic*).ti,ab;

10. CINAHL; (nocturna* adj2 incontinence*).ti,ab;

11. CINAHL; (sleep adj2 enuresis).ti,ab;

12. CINAHL; (sleep adj2 enuret*).ti,ab;

13. CINAHL; (sleep adj2 incontinence*).ti,ab;

14. CINAHL; (night* adj2 enuresis).ti,ab;

15. CINAHL; (night* adj2 enuret*).ti,ab;

16. CINAHL; (night* adj2 incontinence).ti,ab;

17. CINAHL; (bedwett*).ti,ab;

19. CINAHL; (bed adj1 wett*).ti,ab; .

20. CINAHL; 2 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 19;

21. CINAHL; ENURESIS/;.

22. CINAHL; exp CHILD/;

23. CINAHL; PEDIATRICS/;

24. CINAHL; ADOLESCENCE/;

25. CINAHL; (child* OR pediatric* OR paediatric*).ti,ab;

26. CINAHL; (boy* OR girl* OR juvenile*).ti,ab;

27. CINAHL; (adolescen* OR teen* OR youth*).ti,ab;

28. CINAHL; 22 OR 23 OR 24 OR 25 OR 26 OR 27;

29. CINAHL; 21 AND 28;

30. CINAHL; 20 OR 29;

PsycINFO 1802-present via NLH Search 2

Searched 14/10/08, 26/02/09

Update search 13/11/09

Search History:

1. PsycINFO, (bedwett*).ti,ab;

3. PsycINFO, (bed adj2 wett*).ti,ab;

4. PsycINFO, (enuresis ADJ nocturna).ti,ab;

5. PsycINFO, (nocturna* adj2 enuresis).ti,ab;

6. PsycINFO, (nocturna* adj2 enuret*).ti,ab;

7. PsycINFO, (nocturna* adj2 incontinence).ti,ab;

8. PsycINFO, (night* adj2 incontinence).ti,ab; .

9. PsycINFO, (night* adj2 enuret*).ti,ab;

10. PsycINFO (night* adj2 enuresis).ti,ab;

11. PsycINFO, (sleep adj2 enuresis).ti,ab; .

12. PsycINFO, (sleep adj2 enuret*).ti,ab;

13. PsycINFO, (sleep adj2 incontinence).ti,ab;

14. PsycINFO, (child* adj1 enuresis).ti,ab;

15. PsycINFO, 1 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14;