

Elimination Disorders

To Pee or Not to Pee and To Poop or Not to Poop

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Session Objectives

- Review the pathophysiology of enuresis and retentive encopresis
- Discuss the medical and biobehavioral approaches to children with elimination disorders
- Learn hypnotic strategies that empower and enhance self-efficacy for the child with enuresis or encopresis

Enuresis

To Pee or Not to Pee

Primary Nocturnal Enuresis

Urinary incontinence during sleep in a child who is over six years of age and has never been consistently dry for more than six months.

Enuresis

A developmental or maturational variant; an accidental habit that becomes stuck or inadvertently perpetuated

Kohen

Enuresis

- Affects 5,000,000 – 7,000,000 children over the age of 6
- Three times more common in boys
- 20% of 5 year olds
- 5% of 10 year olds
- 1% of 18 year olds
- Annual spontaneous resolution rate – 15%

Enuresis

- Less than 3% to 5% of children with primary nocturnal enuresis have urological abnormalities
- One third of parents of 9 year old children with enuresis have never discussed the problem with their child's health care provider

Nocturnal Enuresis

- 90% of children with enuresis go undiagnosed and untreated
- 68% of parents of children 3-14yrs report PCP never raised the issue of enuresis during WCC
- Children with enuresis rank the problem as the third most stressful event behind parental divorce and arguments

Postulated Causes of Enuresis

- Decreased arousal from sleep in response to a full bladder
- Small functional bladder capacity
- High nocturnal urine production
- Food sensitivities
- Constipation
- Family History
 - ¾ will have + family history in one or both parents
- Other factors

Enuresis and DDAVP

Cochrane Database Sys. Review
2002

- 41 trials - - - 2,760 children
- DDAVP decreased enuresis by 1noc/week
- 4.6 x more likely to achieve 2 weeks of continence than with placebo
- No sustained success when treatment was stopped

Enuresis and TCAs

Cochrane Database Sys. Review
2003

- 54 trials - - - 3,379 children
- TCAs reduced enuresis by 1noc/week
- 1/5 became dry on TCAs
- Results not sustained when treatment was stopped

Enuresis and Alarms

Cochrane Database Sys. Review
2003

- 53 trials - - - 2,862 children
- 2/3 became dry with the alarm
- 55% remained dry after treatment
- Limited evidence of long term success

HYPNOTHERAPY FOR ENURESIS

- Collison (1970) N=9, age 9-16, 100% success
- Baumann & Hinman (1974) N=73, age 7-13, "improvement" in 64, used with imipramine
- Olness (1975) N=40, 31 resolved, 6 improved, ages 4 -16 yrs, all better 6 -28 mo's later
- Stanton (1979) N=28, ages 7 – 18. 20 were successful, 15 dry 1 yr later; used music as well.
- Edwards & van der Spuy (1985) N=48, ages 8-13, treatment grps attained 4 -5 dry nights/wk by 6th week suggestions alone (without trance worked just as well).

HYPNOTHERAPY IN ENURESIS

- KOHEN (1984) N=257 44% dry (30 consecutive dry beds, all dry 12 mo's later), 31% significant improvement, most kids had failed other methods. Motivation & autonomy a key factor in success.
- BANERJEE (1993) 2 groups N=25, ages 5 -16, hypnosis vs. imipramine, both with about 75% + response after 3 months; at 6 mo, 24% in imipramine grp still w/ + response, 68% in hypnosis grp w/ + response.
Patients who responded did so within 3 – 4 sessions.

Self Regulation for Enuresis

(Gottsegen, *Clin Pediatr* 2003)

N	CURE	SUCCESS	FAILURE	LOST	DELAYED SUCCESS	ONGOING
60	29	10	10	3	4	2

60% CURE, with no remissions

78% success, including "delayed" (1-2 mo) success

1. The failures included 3 children who had been abused or were in foster care or in a shelter; also kids who were very hyperactive/not motivated, & a 5y/0 girl.
2. Partial successes (>50% BETTER) included an obese child with OSAS, (also 1 success), a urologist's referral p 3 Rx's & timed voids
3. 9 CURES WERE ONE SESSION CURES
4. Many had tried alarms and or/DDAVP first.

Hypnotic Interventions for Children with Enuresis

- Learn about the patient
- Learn about the problem
- Learn why the child wants to change
 - How would life be better without the problem
- Explain about the brain - bladder connection
- Join with the child as a team

Hypnotic Interventions for Enuresis

- Positive relationship of trust
- Positive expectation for success
- Mutual understanding of how the body works

Hypnotic Self-Regulation for Enuresis

- Careful history and diagnostic evaluation
- Explain brain-bladder communication - a subconscious process that works during sleep
- Reframe by reinforcing the amount of time child is dry already
- Patient assumes ALL the responsibility

Hypnotic Self-Regulation for Enuresis

- Future orientation – to the time when the child is dry
- Monitor how dry the bed is / keep a calendar of success
- Reminders of other milestones reached
- Adjunctive strategies; alarms, DDAVP

Use of language in
hypnotherapy is always key

ENCOPRESIS

To poop or not to poop

Encopresis

When children beyond the developmental age for being toilet trained have stools in unacceptable places, usually their underwear.

Retentive encopresis is the result of the voluntary, self-perpetuating withholding of stool.

Encopresis

- More than 90% of cases associated with constipation
- Etiology is primarily functional
- When it is not associated with constipation there may be primary psychological changes

Differential Diagnosis

- Hirschsprung
- Neuronal dysplasia
- Pseudo-obstruction
- Hyperparathyroidism
- Abnormal calcium metabolism
- Hypothyroidism
- Cow's milk allergy
- DM
- Lead
- Meds
- Fissures
- Abscesses
- Anal stenosis
- Spina bifida
- Sacral tumors

Origins of Encopresis

- Often begins during toilet training
- Dislike of toilet sitting
 - Too high
 - Too long
 - Too big
 - Toilet “monster” (automatic flush)
- Animistic thinking – “bad poops”
- Sense of time not developed

Pain Retention Cycle

Pain with defecation.....

Retention.....

Hard and dry feces.

Pain with defecation. . . .

Retention.

Concrete Thinking

If it hurts to poop today, why
in the world would I want to
poop tomorrow!!!!

Which came first: Hard Stool or Stool Toileting Refusal?

Blum, et al. Pediatrics, 2004

- Constipation occurs before STR
- Constipation is a chronic problem that is not being treated effectively before toilet training begins

Stool Toileting Refusal: a prospective intervention targeting parental behavior

Taubman, Arch Pediatr Adolesc Med, 2003

- | | |
|-----------|---|
| • Control | • Intervention |
| • 23% STR | • Before onset of TT: <ul style="list-style-type: none">• Parents used no negative terms for feces• Praise for stool in diaper |
| | • 26% STR |
| | • Trained faster than controls |

Behavioral Characteristics of Children with Stool Toileting Refusal

Blum, et al Pediatrics, 1997

- Children with STR do not have more behavior problems than controls
- More problems with constipation
- More painful defecation

Children who hide while defecating before they have completed toilet training: a prospective study

Taubman, Arch Ped Adoles Med, 2003

- | | |
|-------------------|-------------------------------------|
| • Hiders | • Non-Hiders |
| • 263 children | • 115 children |
| • 69.6% | • 30.4% |
| • STR more likely | • Completed toilet training earlier |

Toilet Training and Toilet Refusal for Stool only: a prospective study

Taubman, Pediatrics, 1997

- 482 children
- STR occurs in 1/5
- Intervention necessary in 29 children
 - Due to severe stool withholding or age >42mos
 - TT interrupted and returned to diaper
 - 24/27 children began spontaneously using toilet after 3 months

Treatment of Childhood Encopresis: a randomized trial comparing 3 treatment protocols

Borowitz, et al. Pedi Gastroenterol Nutr, 2002

1. Intensive Medical Therapy (IMT)
2. ITM & Behavior Management Program (ETT _ enhanced toilet training)
3. ITM & ETT & BF (external anal sphincter electromyographic biofeedback)

**Treatment of Childhood Encopresis:
a randomized trial comparing
3 treatment protocols**

Borowitz, et al. *Pedi Gastroenterol Nutr*, 2002

- Group 2: ITM & ETT – statistically significant decrease in daily frequency of soiling for greater number of children
- Similar success rates at one year

50% of constipated children contract rather than relax the external sphincter complex during a defecation attempt

**Encopresis and Anal Manometric
Biofeedback**

vanGinkel, et al *Pediatrics*, 2001

- Although biofeedback is able to change defecation behavior, there is no additional effect over conventional therapy

**Hypnotic Interventions for
Children with Encopresis**

- Learn about the patient
- Learn about the problem
- Learn why the child wants to change
 - How would life be better without the problem
- Explain about the pain retention cycle to parents and in a developmentally appropriate way to the child
- Join with the child as a team

4 “NOTs” of Encopresis

- Child is NOT the only one in the world with this problem
- Child is NOT crazy
- It is NOT voluntary
- And it is NOT anybody’s fault

Encopresis

- Careful diagnostic evaluation
- Education, education, education
- Clean-out
- Diet rich in fiber and water
- Twice daily toileting sitting
 - after meals
 - knees higher than hips
 - feet supported
- Miralax
- Self-monitoring

Child’s Responsibilities

- Ownership of the problem
- Drinking water
- Taking Miralax
- Eating a diet rich in fiber
- Twice daily toilet sitting
- First rinse of soiled underwear
- Personal hygiene
- Maintaining calendar

Parent’s Responsibilities

- Initial Clean-out
- Praise
- Providing Miralax
- Praise
- Providing diet rich in fiber
- Praise
- Providing opportunity for toilet sitting
- Praise

No consequences for things that are not under the child's control

- Blow-outs
- Sneak-outs

“Possible” consequences for things that are under his/her control

- Hiding underwear
- Not doing first rinse of underwear
- Not taking Miralax
- Not toilet sitting

Hypnotic strategies for encopresis

- Imagery regarding evacuation
- Relaxation during toilet-sitting
- Post-hypnotic suggestions
- Changing conditioned stool-withholding
- Future projection
- Metaphors
- Ego Strengthening

Strategies

Develop an image of what it will feel like when the problem is gone.

Strategies

Not why should you want to change
this particular problem?

But rather why DO you want to
change?

Advocate for mastery, growth and
autonomy

METAPHORS

- Non-threatening
- Effect change in a positive direction
- Exposes child to new possibilities
- Exposes child to new perspectives
- Exposes child to differing philosophies
- Alter child's usual way of thinking

Approach

- Establish a therapeutic alliance
- Diagnostic evaluation including Hx and PE
- Developmentally appropriate education
- Child assumes ownership
- Anxiety reduction
- Relaxation
- Increasing self-awareness
- Self-control
- Ego strengthening

The dictionary is the
only place where
“success” precedes
“work”.

Vince
Lombardi

Factors necessary for Success

- A - accurate assessment, aptitude
- H - history

- C - competent, confident clinician
- R - rapport
- E - expectation
- A - active participation
- M - motivation

Take away points

The social and emotional consequences for a child with enuresis or encopresis and the family are substantial

Take Away Points

- Loss of self-efficacy and alienation is an untoward effect of all allopathic therapy

- Innate coping skills, autonomy and resilience are enhanced with hypnosis as the locus of control is internalized

Take away points

When the child learns to control what they never knew they could by tapping into their own inner strengths, self-confidence, self-efficacy, self-mastery and self-esteem flourish.

In Conclusion:

Blessed are they that use
hypnosis to help children help
themselves for they shall dwell
in the land of the good guys
forever.

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