



The Relevance of the Psychological Aspect, Enuresis

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Annotation: This article summarizes the study of the examination of the patient, work with medical records, observation, analysis of scientific literature. We examined 100 children with enuresis aged 5 to 15 years. 58 of them had clinical symptoms characteristic of secondary enuresis against the background of neurogenic bladder dysfunction. All children in this group had a history of various dysuric manifestations during the day during wakefulness: frequent or rare urination, imperative urinary incontinence. All of them noted the presence of "light" intervals (no episodes of enuresis) of 7 days or more. The task of our work was to show and prove the importance and relevance of the psychological aspect, such a diagnosis as enuresis.

Keywords: enuresis, psychological aspects, treatment.

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Relevance: The term "enuresis" in Greek enureo means "urinary incontinence". It was first introduced into scientific literature in 1774 by J.L. Petit. Since the time of Avicenna (980–1037), many scientific works of doctors of various profiles have been devoted to this problem, but to this day there is still no consensus on the etiology, pathogenesis, and, consequently, a single concept of treating this disease in children. The prevalence of bedwetting among children is quite high. According to different authors, at the age of 4 to 15 years, enuresis occurs in 2.3-30% of children, at 5 years old - in 15-20% of children, by the time they enter school, at 7 years old - in 12% of cases. By the age of 10 - about 5%, by 14 - 2% of cases, among 18-year-olds - 1%, and among people over 18 years old - 0.5%. Enuresis is more common in boys (60%) than in girls (40%). Yu.B. Belan and T.A. Morozova showed that children suffering from enuresis have a high level of anxiety (71.3%), difficulties in communicating with peers (24.1%) and increased conflict in family situations. To date, more than 250 methods of treating enuresis have been described, but there is no clear distinction between the methods of therapy depending on the form, etiology and pathogenesis of the disease.

Enuresis is a problem that affects 10-15% of children aged 5 to 12 years. Urinary incontinence at night, during sleep, complicates the psychological and social adaptation of children in the family and children's groups, and persistent involuntary urination at night in adolescents often leads to complex medical and social conflicts.

Purpose: to show and prove the importance and relevance of the psychological aspect, such a diagnosis as enuresis.

Research methods: examination of the patient, work with medical records, observation, analysis of scientific literature. We examined 100 children with enuresis aged 5 to 15 years. 58 of them had clinical symptoms characteristic of secondary enuresis against the background of neurogenic

bladder dysfunction. All children in this group had a history of various dysuric manifestations during the day during wakefulness: frequent or rare urination, imperative urinary incontinence. All of them noted the presence of "light" intervals (no episodes of enuresis) of 7 days or more. At the same time, there was no symptoms characteristic of primary enuresis (polydipsia and hereditary predisposition).

The remaining 42 children (32 boys and 10 girls) had symptoms of both primary and secondary enuresis. We designated this clinical form as a "mixed form of secondary enuresis". In all 104 children with enuresis, after studying complaints, perinatal and family history, an objective assessment of the daily rhythm of voluntary urination and fluids drunk during the day was carried out.

Results of own research: 100 medical records of patients diagnosed with enuresis were examined. Also, 30 patients were personally examined and interviewed. All patients were physically healthy, the urinary system was without organic pathology. All patients had a psychological aspect in their life history. Relapses in all patients were noted after emotional experiences. Two of the subjects were consulted by a psychologist. The following conclusion was given: "retention" in oneself of negative emotions or strong feelings.

Conclusions: bedwetting is a reaction of the body to various conflict situations in a child's life: the need to get the missing attention of parents, the desire for some reason to stay small longer, overloading the child with activities, conflicts in the family, in the team. The problem of the psychological aspect in this disease is very acute and cannot be neglected during treatment. Enuresis is the disease for which it is necessary to create a separate structure for the places where such children stay during treatment, since among the same patients they will not be shy and afraid, this will create a calm environment and lead to a speedy recovery.

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