

Bed-Wetting: “Just A Phase” Or Cause For Concern?

(NAPSA)—For parents of small children, bed-wetting is one of many developmental issues that may occur as youngsters start to grow. In most cases, the underlying physical and emotional causes will fade away as the child matures. In some cases, however, bed-wetting may be a symptom of a potentially serious urinary condition in children.

The condition, known as vesicoureteral reflux (VUR), affects approximately 1 percent of all children. It occurs when urine flows the wrong way through the ureters—the tubes that allow urine to flow from the kidneys to the bladder. Ordinarily, urine flows one way: from the kidneys through the ureters to the bladder. But in children with VUR, the ureters are malformed, allowing urine to flow backward from the bladder back through one or both ureters up towards the kidneys.

As a result, if a child with VUR contracts a urinary tract infection



Treatment options are now available for a potentially serious urinary condition that affects young children.

(UTI), infected urine may enter the ureters and, in severe cases, reach the kidneys. Left untreated, the condition may lead to kidney infections, kidney scarring, permanent kidney damage and high blood pressure.

The average age of diagnosis is 1 to 2 years and the condition is more common in children whose parents or siblings also have VUR. It is usually diagnosed after the child has suffered one or more UTIs or if there is a family history. A health care professional will ask about the history of your child's symptoms, do a physical examination and may elect to perform several tests if VUR is suspected. It can occur in varying degrees of severity and is classified into five grades—from I (mild) to V (severe).

Treatment Goal

When treating VUR, the goal is to prevent any kidney damage from occurring. If your child has a mild to moderate case of VUR, the

traditional treatment is a course of antibiotics to ward off UTIs. But this option is far from ideal; antibiotics must be given via a strict dosing schedule until the VUR resolves, which may take several years. Many parents report that it is difficult to sustain compliance over such a long period of time. Further, prolonged antibiotic therapy may lead to antibiotic resistance and this can lead to repeated UTIs, which, in turn, may lead to kidney damage.

Used in more than 40,000 children worldwide, Deflux is the only FDA-approved treatment indicated for VUR grades II-IV. Unlike antibiotics, Deflux treats the actual cause of VUR and not just its symptoms. Deflux is given through an endoscopic injection and many children need only one injection. For more information about VUR and Deflux, visit www.deflux.com.

Deflux is indicated for the treatment of children with vesicoureteral reflux (VUR) grades II-IV. The following treatment-related adverse events occurred in >1 percent of patients who underwent subureteral injection with Deflux: urinary tract infection, ureteral dilatation, and nausea/vomiting/abdominal pain. Other side effects can occur. Some are rare, such as blockage in the ureter. Deflux is contraindicated in patients with nonfunctioning kidney(s), hutch diverticulum, duplicated ureters, active voiding dysfunction, or ongoing urinary tract infection.

The symptoms of vesicoureteral reflux (VUR) may resemble other conditions or medical problems, and each child may experience symptoms differently.

Symptoms include:

- Urinary tract infections (UTIs) with fever
- Frequent or urgent urination
- Foul-smelling or cloudy urine
- Fever
- Stomachache
- Backache.

