

Use of drugs, psychosocial support, and surgery need to be tempered against the reality of natural resolution of bladder and bowel dysfunction in children

Walid A. Farhat, MD

University of Toronto, The Hospital for Sick Children, Toronto, ON, Canada

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Bladder and bowel function (BBD) are possibly the first events in a child's life that they become personally responsible for and that provide them with new found social independence. There are a few driving forces behind parental encouragement for children to be continent, including independence and financial savings when children are out of diapers. Nevertheless, with societal changes and the fact that more often than not, both parents are working leading to inconsistent supervision of toileting-training habits, it is becoming evident that adequate development of bladder and bowel function has become an emerging endemic, resulting in increasing cases of elimination dysfunction that can be manifested as day and night incontinence and encopresis (fecal incontinence).

In her review article, Dr. Dos Santos, clearly showed that as much as this is a common pathology, it is underestimated and underdiagnosed; this paper presents a list of the different approaches and treatment options that can be delivered to patients who are suffering from this pathology. The good news is that the majority of patients will outgrow this problem. Nevertheless, healthcare providers should always

consider the possibility that there may be a major pathology behind the BBD manifestation, such as occult spinal dysraphism or functional issues related to sexual abuse. The association between bladder dysfunction and psychiatric or psychological issues, such as anxiety disorder, obsessive-compulsive disorders, and ADHD cannot be overemphasized. Overall, this state-of-the-art article provides a long list of multiple options for the patient, family, and primary care physicians, as well as for community urologists and pediatricians on how to approach these issues, keeping in mind there are very few patients who would need advanced intervention beyond what we now term "urotherapy" if families and the child in particular are invested in improving their status. Judicious use of medications, psychosocial support, and rarely surgical intervention, need to be tempered against the reality of time and Mother Nature affecting resolution of BBD.

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Correspondence: Dr. Walid A. Farhat, University of Toronto, The Hospital for Sick Children, Toronto, ON, Canada; walid.farhat@sickkids.ca