

Original Research Article

Comparison of height and weight growth in children 5-14 years old with and without primary nocturnal enuresis Afzalipoor Hospital in 1394

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Abstract: There are studies that children with primary nocturnal enuresis and poor growth in height and weight more slowly than other children, according to the same study ever to examine this Tasyratmaly Drshhrkman, and yet there treatment on the growth of the children upon we look to further explore this issue. Our study was a case-control study of 110 children with urinary incontinence according Bamyar by the "DSM-V and 110 healthy children without the risk of urinary incontinence easy way Shdnd. vzn and height of all children in the study were assessed, and SPSS16 software we can distinguish by the analysis. The average age of the samples $07/2 \pm 33/8$ years and 50% of participants were female. In comparison, height and weight are significantly lower in the group. This is despite the fact that BMI in the two groups showed no significant difference. The frequency of positive family history of enuresis was significantly greater in the experimental group was the father of the great history of bed-wetting mother in the case and control groups showed no significant difference. The results of this study showed that children with enuresis of height and weight growth than the control group, while no difference was observed in terms of body mass index.

Keywords: Enuresis, height, weight, body mass index index.

INTRODUCTION:

Urinary incontinence first night one of the most common problems of children is not Tnhakvdk but Nyztht family Tasyrqarmydh [1]. Urinary incontinence, according to diagnostic criteria for DSM-V-TR in the form of disposal Mkrradar in bed or clothes at least twice a week for 3 consecutive months childhood at least five years of age. In DSM-V-TR even if the frequency or duration of symptoms less than the limit But Banarahty or dysfunction, incontinence accompanied children with type Adrardrkhvab Adrardrnzgrfth Myshvd.nv daily to soak during the night to pass urine the first time, which is regarded Myshvd.shb called awakening during the night Hrgzbtvrmдавm child is not dry, while secondary enuresis to resume Soak dry refers Bdazhdaql 6 months [2]. In this case study organic causes such as urinary tract infection, diabetes mellitus, diabetes insipidus and needs [3] between 3 and 15 percent of children aged 6 months for at least one night in the wet and in the children 12 years old this amount to 4 to 16 percent [4] the etiology of primary nocturnal enuresis is not yet fully understood, and perhaps this is a multi-Faktvrya etiology of [5]. From these etiologies discussed are small bladder capacity, psychological and behavioral

factors and a delay in the maturation of the central system's performance [6].

There are studies that children with primary nocturnal enuresis and poor growth in height and weight more slowly than other children, numerous factors are involved in the growth velocity of children can be fed to the socio-economic situation, inheritance, and has a underlying disease, as well as the children have lower height than normal children [3]. Given the high prevalence of enuresis in children and the potential psychological aspects of the problem, its possible effects on children's development Mbtlav complications of individual, family and community awareness of the need for the state to RshdvznyVqdy children to any planning and intervention to prevent the possible Aztasyrnasb.

METHODS:

Our study is a case-control study that included 110 children with urinary incontinence according Bamyar by the "DSM-V" which Afzalipoor hospital visit was observed 110 healthy children without the risk of urinary incontinence and easy way to enter Shdnd.lazm to mention that the entire study in children

with nocturnal enuresis before entering the study, analysis of urine culture and urine specific gravity (SG) to rule out urinary tract infection and diabetes insipidus fasting blood sugar (FBS) conducted to investigate diabetes mellitus was. The normal ultrasound of the kidneys and urinary Vmjary were taken. was recorded in the Czech list. The weight of all children with clothes and without shoes style using standard scales and height using the tape mounted on the wall when measuring height, have children without shoes, feet together, buttocks, shoulders and back of head is in contact with the wall was measured.

RESULTS:

The mean age of the subjects was $07/2 \pm 33/8$. In this study, 50% of girls and 50% boys. The average height of the subjects in general $83/15 \pm 85/126$ cm and the average weight was $95/10 \pm 07/28$ kg.

The average height in the case group and the control group was $13/37 \pm 45/117$ cm $11/12 \pm 24/136$ cm and weight in about $88/6 \pm 20/24$ $78/12 \pm 95$ kg in the control group / 31 kg. In comparison, height and weight was significantly lower in the study group. (P Value = 0.000)

BMI in the two groups showed no significant difference. (P Value = 0.254). According to Table 5 frequency of positive family history of enuresis father in the case group was significantly higher. (P Value = 0.020). According to Table 6, the frequency of positive history of enuresis mother in the case and control groups showed no significant difference. (P Value = 0.806)

DISSCUSSION:

Our study is a case-control study that included 110 children with urinary incontinence according Bamyar by the "DSM-V" which Afzalipour Hospital were referred and 110 healthy children without the risk of urinary incontinence and easy way to enter study. The average age of the samples $07/2 \pm 33/8$ years and 50% of the sample was female. The average height in the case group and the control group was $13/37 \pm 45/117$ cm $11/12 \pm 24/136$ cm and weight in about $88/6 \pm 20/24$ $78/12 \pm 95$ kg in the control group / 31 kg. In comparison, height and weight are significantly lower in the group. This is despite the fact that BMI in the two groups showed no significant difference

In the study group was a significantly higher frequency of positive family history of enuresis, while the mother in the case and control groups showed no significant difference. In this study, Mr. Yusuf and colleagues in 2012 that over a hundred children with primary nocturnal enuresis was shown that these children in terms of growth and development behind the

children normal controls [3] that appears with results very similar to be . RusenDundaroz colleagues who study in 2001 on children with enuresis two healthy children, children with enuresis showed stunted growth as well as lower bone age compared to the control group [4].

In another study conducted in 2006 by Nuhoğlu and his colleagues have shown that bedwetting does not affect the growth of the bones [8]. In another study by Espino and his colleagues in 2012 on two groups of children treated with and without nocturia was carried out anthropometric indices in the two groups did not meaningfully changed [9]. In this study, BMI index, no significant difference was found The height and weight were lower in patients with enuresis. A study conducted in 2008 by winning his colleagues showed that growth failure in children with primary nocturnal enuresis is a problem and treat it as an opportunity Zamy stress can improve the growth of Mvsrbashd [10]. In another study by Hamsa Shaker colleagues in 2013 for two groups of children with enuresis and children without cancer were found in children with enuresis have a lower body mass index (BMI) than children who did that [11].

CONCLUSION:

The results of this study showed that children with enuresis of height and weight growth than the control group, while no difference was observed in terms of body mass index.

LIMITATIONS:

The main limitation of this study involving patients in the study was an attempt to explain the objectives and results of this study tried to engage our patients.

Suggestions:

It is suggested that further studies with larger sample size and distribution in the hospital or deny the results to be.

REFERENCES:

1. Irwin DE, Milsom I, Hunskaar S, Reilly K, Kopp Z, Herschorn S, Coyne K, Kelleher C, Hampel C, Artibani W, Abrams P. Population-based survey of urinary incontinence, overactive bladder, and other lower urinary tract symptoms in five countries: results of the EPIC study. *European urology*. 2006 Dec 31;50(6):1306-15.
2. Falak-ul-Aflaki B, Sharifi F, Torabi Z, Moezi F. Evaluation of therapeutic effect of desmopressin on enuresis in children. *ZUMS Journal*. 2007 Mar 1;15(58):11-6.
3. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*

- (DSM-5®). American Psychiatric Pub; 2013 May 22.
4. Makari J, Rushton HG. Nocturnal enuresis in children. *Clin Evid.* 2006; 15: 486-95.
 5. Yousef KA, Basaleem HO, bin Yahya MT. Epidemiology of nocturnal enuresis in basic schoolchildren in Aden Governorate, Yemen. *Saudi Journal of Kidney Diseases and Transplantation.* 2011 Jan 1;22(1):167.
 6. Ozden C, Ozdal OL, Altinova S, Oguzulgen I, Urgancioglu G, Memis A. Prevalence and associated factors of enuresis in Turkish children. *International braz j urol.* 2007 Apr;33(2):216-22.
 7. NUHOĞLU B, Ayyildiz A, Fidan V, Cebeci Ö, KOŞAR UĞ, GERMIYANOĞLU C. Do children with primary nocturnal enuresis have a retarded bone age? A cross-sectional study. *International journal of urology.* 2006 Feb 1;13(2):109-10.
 8. Tekgül S, Riedmiller H, Gerharz E, Hoebeke P, Kocvara R, Nijman R, Radmayr C, Stein R. Guidelines on. Update. 2009 11(2):119-20.
 9. cV AI. IAGS-AUGUST 1991-VOL. 39, NO. 8 ABSTRACTS A17.
 10. McCowan C, Neville RG, Thomas GE, Crombie IK, Clark RA, Ricketts IW, Cairns AY, Warner FC, Greene SA, White E. Effect of asthma and its treatment on growth: four year follow up of cohort of children from general practices in Tayside, Scotland. *Bmj.* 1998 Feb 28;316(7132):668-72.
 11. Asif M. Anticonvulsant potential of some medicinal plants and their beneficial properties. TANG [HUMANITAS MEDICINE]. 2013;3(4):27-1.