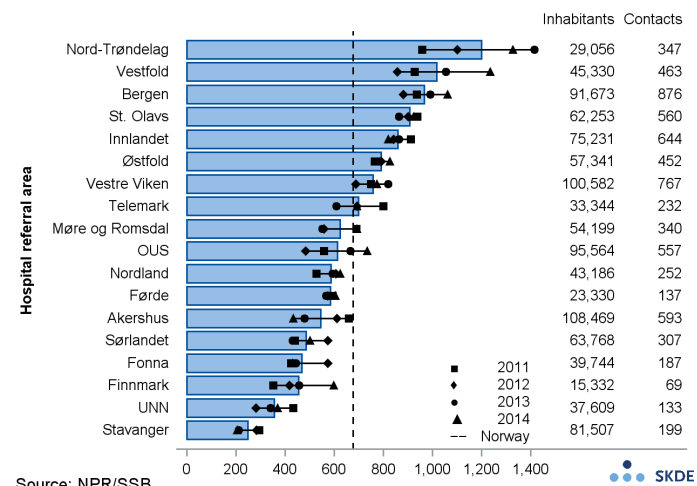


Bedwetting and urinary incontinence

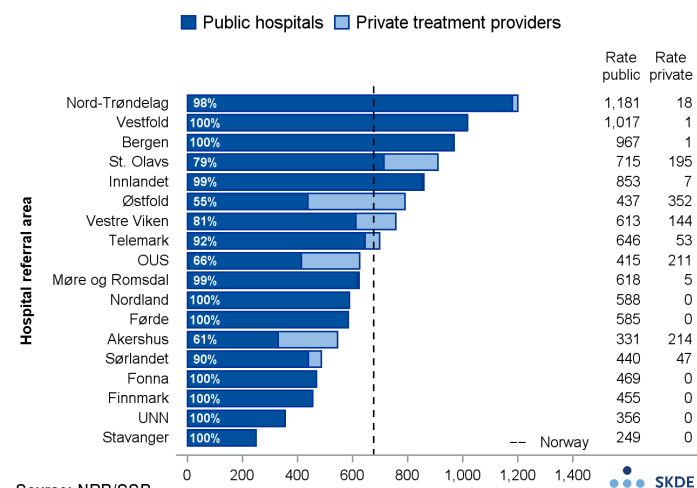
Bedwetting is considered normal up to the age of six or seven years, and most children grow out of it. Between five and ten per cent of all children still wet their bed at least once a week at the age of six or seven. Urinary incontinence during the day is somewhat more often associated with pathological processes in the urinary or nervous system, although immaturity is the most common cause. Unless symptoms indicate otherwise, referral to a specialist is not recommended until the child is six or seven years old.

Sample

The sample consists of consultations (outpatient/day patient services) for bedwetting and urinary incontinence for children in the somatic specialist health service, including specialists in private practice under public funding contracts. Bedwetting and urinary incontinence are defined by a primary or secondary diagnosis of N39.3-39.4, F98.0 or in code block R32.



Source: NPR/SSB
Bedwetting and urinary incontinence, outpatient services, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.

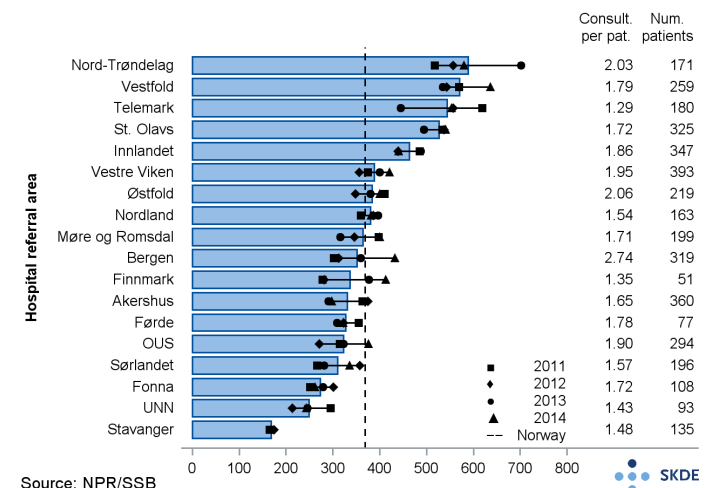


Source: NPR/SSB
Bedwetting and urinary incontinence, outpatient services, broken down by public or private treatment providers, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

Comments

Each year, approx. 3,900 children have a total of 7,100 consultations for bedwetting and urinary incontinence. The usage and patient rates are 4.8 and 3.5 times higher, respectively, for Nord-Trøndelag hospital referral area than for Stavanger.

The contact frequency varies from 1.29 in Telemark hospital referral area to 2.74 in Bergen. This corresponds to 1,450 consultations per 1,000 patients treated. Approx. 6% of patients are younger than six years old at the time of the consultation.



Source: NPR/SSB
Bedwetting and urinary incontinence, outpatient services, age-adjusted patient rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014. Average number of contacts per patient (contact frequency) and number of patients.

The differences in usage and patient rates are too high to be due to random variation alone. There appear to be differences in the treatment focus for this patient group.

There seems to be an unwarranted variation in the use of outpatient consultations for bedwetting and urinary incontinence. There is also reason to ask whether there is overuse in the hospital referral areas with the highest usage rates.