

Pediatric Urology Associates, Ltd.

& Pediatric Enuresis Center of Arizona

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URINARY FREQUENCY

Urinary frequency is a common problem seen in the pediatric urology clinic. Frequency of urination can have many causes. The initial testing that we perform is a urinalysis to exclude urine infection and diabetes.

The mean age of onset is about age 5 years. It comes on suddenly in many cases. This disorder is believed to be an increased awareness of bladder sensation. The child feels an intense urge to void, although they have very small volumes of urine in the bladder. There is really not much they can do to inhibit voiding and actually this should not be done. Otherwise the child will begin to have other problems such as wetting. Most children who have urinary frequency have good urinary control. Occasionally the frequency of urination can occur as often as every five to ten minutes. In most cases, it is a little less dramatic. Children can have increased urination during the night, but often we find that once they fall asleep, they will sleep peacefully through the night. When they first go to bed, they may keep getting back up to the bathroom until they have dozed off.

Our evaluation of the children is limited to a good history, physical examination and urinalysis. X-ray studies are not necessary as they will invariably be normal. More invasive procedures associated with cystoscopy are not recommended.

We are limited in treatment of this disorder. The medicines that we typically use for daytime incontinence or bedwetting do not work. These medicines work on the muscle motor component of the bladder and have no impact on extraordinary urinary frequency due to increased bladder sensation. The latter medication may be helpful because some think this could be an allergic type phenomenon causing bladder inflammation.

Another abnormality that has been reported in some children with urinary frequency is increased calcium excretion of the urine. In our patient population here in Arizona, we have not found this to be a factor. It is unclear if this is present whether treatment will affect the course of the disease. Most children will have resolution of the frequency without intervention. It resolves an average of seven months from onset of symptoms. We have seen cases where it is longer, but usually the child is not voiding as frequently as occurs at the onset of the illness. The most important thing is just reassurance to the child that this will improve over time. Once they begin to focus on other matters, they are less drawn to the sensation of the bladder fullness. A small number of older children have had a decrease in frequency after taking Motrin and/or Benadryl for several days.