INTERNATIONAL MULTIDISCIPLINARY JOURNAL FOR RESEARCH & DEVELOPMENT
SJIF 2019: 5.222 2020: 5.552 2021: 5.637 2022:5.479 2023:6.563
eISSN 2394-6334 https://www.ijmrd.in/index.php/imjrd Volume 10, issue 10 (2023)

PSYCHOLOGICAL ASPECTS OF ENURESIS

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The International Classification of Diseases provides the following definition: "Enuresis is persistent involuntary urination during the day or at night." In a number of European countries, where psychological methods are given great importance in the treatment of enuresis, enuresis is understood as "involuntary emptying of the bladder, occurring at an undesirable moment or in an inappropriate place."

More often they talk about "nocturnal enuresis" – involuntary urination during sleep. There are 2 variants of nocturnal enuresis – primary and secondary. Primary nocturnal enuresis is observed from birth, secondary enuresis is said if, after a period of successful control of urination lasting from 6 months to 1 year, the child urinates in bed again.

S.Muelluer identified 4 phases of the formation of self-service skills.

Stage I – automatism (age up to 6 months): emptying of the bladder occurs when it is filled, the number of urinations reaches 25 per day.

Stage II – development of a conditioned reflex (age 6-12 months): the volume of filling of the bladder increases, urination becomes more rare. From the age of 6 months, the child has a feeling of filling the bladder, which he tries to inform the mother about by special behavior. If the mother makes attempts to teach the child to use the pot, the retention of urine begins to form before being brought to the pot and a conditioned reflex for arbitrary urination is developed.

Stage III – arbitrary control (age 8-18 months): the child can already delay or initiate

urination, signals this, but is not yet able to serve himself.

Stage IV – volitional control (age 3-4,5 years): the ability to hold urine when filling the bladder and fully control the act of urination with any filling of the bladder is established in the period from 3.5 to 4.5 years, although it may occur at an earlier time. Naturally, the ability to control the act of urination is extremely individual and is determined by a combination of biological and social factors.

You can talk about enuresis if a child of 5-6 years old urinates in bed at least 2 times a month, and older children – at least 1 time a month.

Nocturnal enuresis occurs in 15-20% of children under 5 years of age. In 5-8 years, the frequency of enuresis is 14%, in 8-12 years –8.5%, in 12-15 years – 3-3.5%. In adolescence and adulthood, enuresis persists in 1%. In boys, enuresis is registered 1.5–2 times more often than in girls.

Enuresis occurs with approximately the same frequency in other countries. In Finland, when examining 3206 children of 7 years of age, enuresis was noted in 9.8%.

Thus, insignificant at first glance millions of people have suffering. And it is no coincidence that interest in this problem has been going on for several millennia. In the "Canon of Medical Science" created by Avicenna (980-1037), there is a chapter "Urination in bed".

Enuresis can be caused by various diseases and conditions (heredity, neurosis-like conditions, depth of sleep, small volume bladder, insufficient production of antidiuretic hormone, urinary system disease, exposure to emotional, social factors, family problems and psychological characteristics of the child, organic diseases of the brain and spinal cord, acute and chronic mental illnesses).

Family problems and psychological characteristics of the child

In children with anxious and suspicious character traits, enuresis can appear under the influence of psychotraumatic factors, of which the leading role belongs to conflicts in the family, especially those related to the drunkenness of the father, and children's institutions, material and household difficulties, living in a single-parent family. Children are subject to frequent and prolonged dreams, often terrible in content. With a pronounced feeling of fear in a dream, the ability to control urination decreases. With punishment, stress effects, enuresis becomes more frequent.

At the same time, a number of European and American researchers tend to consider emotional problems as a consequence, not the cause of enuresis.

Domestic clinicians also distinguish a neurotic form of enuresis. Asthenic states, obsessive-compulsive neuroses (movements, thoughts, fears) are quite common in children. "Wet bed" appears with an already formed reflex after provoking mental trauma, which parents often did not even attach importance to (quarrels with friends, failures at school, conflicts at home, hospitalization, etc.).

Enuresis in this variant:

• irregular, infrequent, there may be quite long "dry periods";

• in a calm, comfortable environment is not observed;

• restless sleep with an abundance of dreams, often not

very pleasant, disturbing or scary;

• children painfully endure episodes of "wet bed"

Purpose: to show and prove the importance and relevance of the psychological aspect, such a diagnosis as enuresis.

Research methods: examination of the patient, work with medical documentation, observation, analysis of scientific literature.

The results of our own research: 10 medical records of patients diagnosed with enuresis were examined. 3 patients were also personally examined and interviewed. All patients were physically healthy, the urinary system was without organic pathology. All patients had a psychological aspect in their life history. Relapses in all patients were noted after emotional experiences. A psychologist was consulted with two of the subjects. The following conclusion was given: "retention" of negative emotions or strong feelings in oneself.

Conclusions: bedwetting is a reaction of the body to various conflict situations in a child's life: the need to get the missing attention of parents, the desire for some reason to stay small longer, overload of the child with classes, conflicts in the family, in the team. The problem of the psychological aspect in this disease is very acute and it should not be neglected during treatment.

Enuresis is the disease for which it is necessary to create a separate structure of places where such children stay during treatment, since among the same patients they will not be shy and afraid, this will create a calm environment and lead to a speedy recovery.

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