RISK OF URINARY DISORDERS IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

Annotation  Enuresis in children is always an open problem for many specialists, paediatricians, nephrologists, neurologists, psychiatrists, etc. It is both a medical and social problem. This paper analyses the examination of children with urinary dysfunction and comorbid background in the form of attention deficit hyperactivity disorder. Using questionnaire survey of parents and additional instrumental methods of investigation, the features of clinical signs were identified which required optimization of treatment tactics and correlation of existing syndromes.

Relevance. Research in recent years has led to a search for an answer to the problem of nocturnal urinary incontinence in children. Diagnosis in many cases is difficult, due to the age patient population, as the first diagnosis of bedwetting occurs at the age of 5 years. In children, the clinical picture is often not well developed and there are few specific signs. Parents have to undergo a long process of examination by specialists (paediatrician, neurologist, nephrologist, psychiatrist, etc.). There is little guidance on the diagnostic algorithm, with some specialists suggesting that Many believe a 24-hour EEG study is necessary but others limit themselves to neuropsychological scales. A wide range of laboratory diagnostic methods are available in the literature.

Objective. To investigate and evaluate a systematic analysis of the comorbid background in children with nocturnal enuresis (bedwetting).

Material and methods of the study. The number of children with enuresis (according to ICD-10) aged from 5 to 7 years was 66. The patients were enrolled in the paediatric neurology and paediatrics departments of Samara State Medical University and in the out-patient clinics No.1, 3 of Samarkand during the period of 2021-2022. Samarkand for the period 2021-2022. All the patients were examined according to the planned stage, where first of all it was necessary to determine the issue of diagnostic tactics. For this purpose a team of doctors (neurologist, paediatrician, nephrologist, endocrinologist, neurosurgeon, psychiatrist) at primary level by examination, anamnesis collection studied presence of enuresis in children, excluded organic disease of urolithiasis, kidneys; diabetes, congenital hernia of lumbosacral spine; mental diseases, autism. It should be noted that parents are invited to carry out questionnaire, prepared beforehand together with specialists, as well as a patient's diary for a period of 3 months, to record the number of episodes of nocturnal urinary incontinence. As an instrumental method of investigation, an EEG was conducted; the Griffiths Scale was administered to all examined children to determine the child's developmental level. The ADHDRS scale, assessing ADHD according to the DSM classification, was used to determine the criteria for hyperactive disorder and attention deficit disorder. The level of emotional and behavioural disorders was checked using the CSI-4 scale.
(Child Symptom Inventory-4). Statistical processing of the results was performed on an individual computer with a set of standard Mata-Whitney tests, where p<0.05.

**Research findings.** According to the results of the obstetric history, the mothers of the examined children were found to have preterm birth in 29% of cases (of which two were twin births). In 39% of the cases the Apgar score was below the normal range of 5 to 7. The proportion of women in labour above the age of 40 was 11%. Extragential pathology was noted in 6 women, and the threat of termination in pregnancy in the first trimester was noted in 30.5%. A parental questionnaire was used to characterise the current state of the patients. In addition to the main complaint of nocturnal urinary incontinence, the following symptoms were identified. Asthenic syndrome, where the main complaint, according to the parents, was tearfulness, moodiness, moodiness, decreased appetite in 38.6% of cases. Sleep disorders, hyperactivity and impulsivity, attention deficit were noted in 38.9% of cases. Daytime urinary incontinence was observed in only 2 children (one of them had encopresis). Complaints of fear and increased anxiety in 20% of cases. Hyperactivity and uncontrollable impulsivity were not only associated with dysuria, but also manifested as impaired bowel peristalsis. Accordingly, the relationship between bedwetting and ADHD can be traced. Of all the studies, enuresis with comorbid background was the largest, with 1,500 children examined. Enuresis was assessed by age group of children, the researchers found the prevalence of bedwetting to be much higher in children with ADHD compared to the control group where p<0.012. This relationship forms persistent changes in the CNS that are difficult to treat. Of the clinical cases by type of ADHD, the combined type was noted in the majority. In the rate of gender variation, the combined type in boys was found in 35%. The attention deficit type was detected in 19% of boys and the hyperactivity type in 11.9% of cases. In terms of the ADHD syndrome in girls, who have a lower incidence of both bedwetting and ADHD, the distribution by type was as follows. Attention deficit type comes first in 14.7% of cases, the percentage of combined type is almost identical in 13.9%, and the type with predominance of hyperactivity occurs in 8% of cases. In other words, from the above it can be concluded that the fact of unfavourable obstetric and gynaecological history in mothers is reflected in the development of children where there is an association between ADHD syndrome and nocturnal incontinence.

**CONCLUSIONS:**

1. Children with bedwetting often have a comorbid background in the form of attention deficit hyperactivity disorder, which in turn is a reflection of unfavourable obstetric and gynaecological maternal analysis.
2. The clinical features of such associative relationships are deficits on the CNS side, in the form of statistical deficits, emotional lability, inattention, impulsiveness, social maladaptive anxiety; on the CNS side, there are manifestations of sympathicotonia.
3. Additional inclusion of Pantagam into standard treatment enables to achieve in short terms (within a month) a positive effect in the clinic of decreasing the number of nocturnal urinary incontinence episodes, and to increase the level of attention and decrease the symptoms of hyperactivity.

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