

# Severity-related Association Between Sleep-Disordered Breathing and Nocturnal Enuresis in Children: A Systematic Review and Meta-Analysis

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## Background

Nocturnal enuresis (NE) and sleep-disordered breathing (SDB) are prevalent pediatric conditions with significant psychosocial and health impacts. While previous studies have explored their association, the relationship between SDB severity and NE risk remains unclear.

## Methods

This systematic review and meta-analysis followed the PRISMA 2020 guidelines. Studies were collected from PubMed, Web of Science, Embase, and the Cochrane Library, including case-control, cohort, or cross-sectional studies. The search included the keywords, ‘Nocturnal Enuresis’ and ‘Sleep Apnea, Obstructive’, from database inception to 17 May 2024, with 5-18years children clear diagnoses of NE or SDB in the study population.

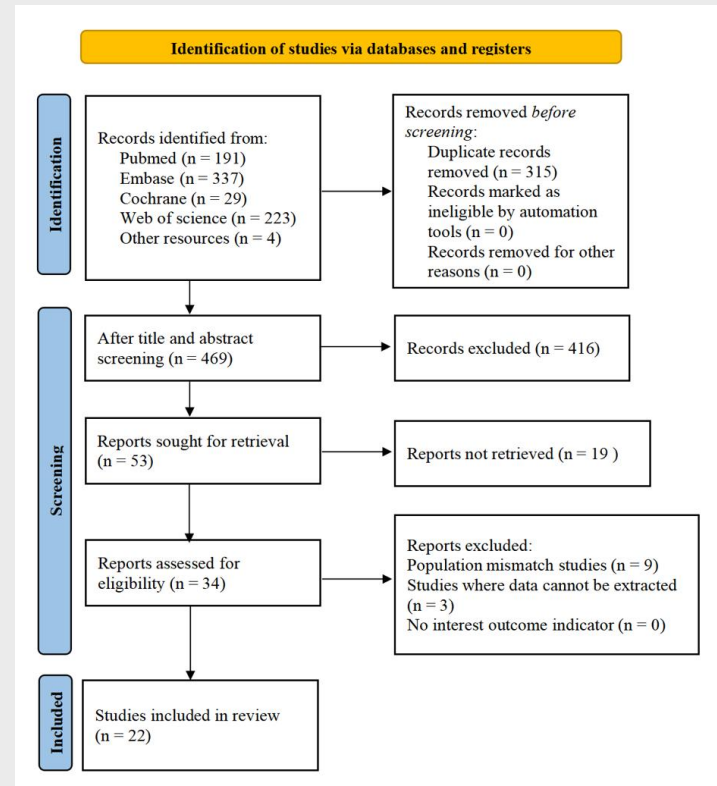


Figure 1. Study Flowchart

## Results

A total of 22 studies (40,296 participants) were included, of which 20 were rated as moderate to high quality. NE patients had a 32.3% (95% CI: 28.3–36.2) SDB prevalence (SWN), while SDB patients had a 24.5% (95% CI: 15.7–33.3) NE prevalence (NWS). The meta-analysis revealed a significant positive NE-SDB association (adjusted OR=2.85, 95% CI: 2.35–3.45), indicating SDB is an independent NE risk factor. Subgroup analyses showed that both mild SDB (e.g., habitual snoring) and moderate-to-severe SDB (e.g., OSA) were associated with higher NE risk—mild: OR 2.48 (95% CI 1.68–3.67); moderate-to-severe: OR 2.91 (95% CI 2.20–3.86)—but the differences between severity strata were not statistically significant (test for subgroup differences P=0.758).

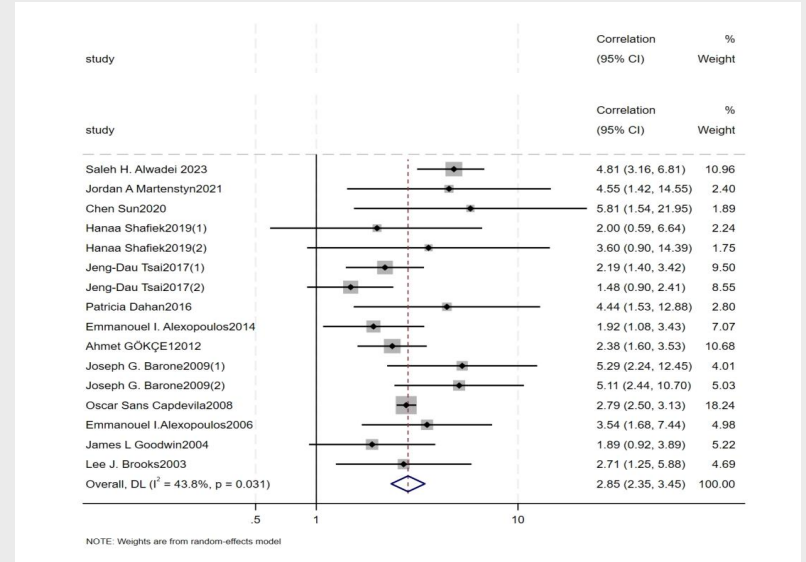


Figure 2. The results of ORs between nocturnal enuresis and mild sleep-disordered breathing

## Conclusion

A significant association exists between SDB and NE, revealing the high prevalence of SWN and NWS. Both mild SDB (primary snoring) and moderate-to-severe SDB (e.g., OSA) significantly increase NE risk. Early diagnosis and intervention for SDB—even mild forms—represents a promising preventive strategy for NE.