GIGGLE INCONTINENCE *(linked from Continence Assessment Form – daytime bladders section)*
True giggle incontinence is complete or almost complete emptying of the bladder caused by a detrusor contraction in response to laughter, with no other lower urinary tract dysfunction. In other words, the stretchy-squeezy muscles squeeze when then shouldn't, causing the bladder to empty. It is more common in girls than boys, and most prevalent in the pre-pubertal years. There doesn't appear to be a specific cause – and there is no specific treatment.

It is important to note that daytime wetting is often attributed to Giggle Incontinence. Before reaching this conclusion therefore, a full Continence Assessment *(link)* should be undertaken and steps taken to promote a healthy bladder:

i) Treat any constipation
ii) Rule out Urinary Tract Infection (UTI)
iii) Get the drinking right (see ERIC's Guide to Children's Daytime Bladder Problems – *(link)*)
iv) Practise *relaxed* voiding, sitting on the toilet with a well-supported bottom and feet, and taking time to allow the bladder to empty.

If wetting persists after several weeks of healthy bladder management, then the *detail* of the wetting should be looked at to diagnose the exact cause and identify optimum treatment.

Wetting could for instance be caused by

- Overactivity, when the stretchy-squeezy (detrusor) muscles squeeze when they shouldn't, leading to urgency, frequency and small voided volumes as well as possible wetting
- Vaginal pooling, leading to low volume wetting immediately after voiding
- Dysfunctional voiding, when the two sets of bladder muscles misbehave leading to a range of symptoms usually including incomplete bladder emptying, often leading to UTI, and difficulty initiating a void as well as wetting.

So a child with Giggle Incontinence will be over five years old, and will have

i) No history of constipation or UTI
ii) Normal volume voids (age+1 x 30) (this formula is for children aged 4 – 12 years)
iii) Normal frequency voids (4 – 7 /day)
iv) No urgency
v) Large volume wetting solely associated with laughter
vi) No incontinence with coughing or physical activities

<u>What can be done?</u>
It is important to reassure children and young people with this condition that it is not their fault – it is due to a completely involuntary bladder contraction. It is also important to reassure the family that it is usually self-limiting – symptoms tend to resolve as the child gets older.

In the meantime though, whether or not to embark upon any specific treatment will depend on how often the wetting occurs – if it is once or twice a month then families may prefer to avoid daily medication. The problem is, there is no good evidence to recommend *any* specific treatment. Various things may be suggested:

i) Education regarding pelvic floor strengthening exercises to encourage ‘bracing’ of the pelvic floor at time of laughter

ii) Consider trial of anticholinergic medication if other symptoms present such as urgency

iii) Methylphenidate (Concerta/Ritalin) can be considered but this is a controlled drug and unlicensed for the treatment of giggle incontinence.