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Is YouTube an Accurate and/or Comprehensive Source of Information on Monosymptomatic Nocturnal Enuresis?

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ABSTRACT

Objective: Monosymptomatic nocturnal enuresis (MEN) is a common pediatric condition, and misleading or inaccurate information regarding its diagnosis and management is frequently encountered on social media platforms. Therefore, ensuring reliable and high-quality online health information is crucial. This study aimed to assess the accuracy, usefulness, and comprehensiveness of YouTube videos addressing MEN.

Materials and Methods: Five predefined MEN-related keywords were searched on YouTube. Eligible videos were analyzed using the Global Quality Scale (GQS), DISCERN, and Journal of the American Medical Association (JAMA) scoring systems in terms of diagnosis, management, and treatment. Videos were categorized as useful or non-useful according to content quality and were also grouped based on comprehensiveness scores. Comparative statistical analyses were performed between groups.

Results: A total of 153 videos were included. Significant differences were observed between useful and non-useful videos in DISCERN, GQS, total JAMA scores, comprehensiveness scores, and upload source ($p<0.001$). Videos with higher comprehensiveness scores also differed significantly in DISCERN, GQS, total JAMA scores, upload source, and video duration ($p<0.001$). No significant differences were found in the video power index, presenter type, or engagement parameters, such as likes and dislikes ($p>0.05$). Although most videos (79%) were useful, fewer than one-third (28%) were comprehensive.

Conclusion: YouTube provides partially useful information on MEN; however, its overall comprehensiveness remains insufficient. Collaboration with academic institutions and professional organizations may improve the quality and reliability of MEN-related information on social media platforms.

Keywords: Health information quality, monosymptomatic nocturnal enuresis, YouTube.

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INTRODUCTION

Online resources and social media now represent one of the primary channels through which parents and caregivers access public health information related to childhood illnesses. They are widely preferred because they are easily accessible, provide a wide range of information from different sources, and allow comparisons among them. YouTube has gained prominence as a common tool for social communication and educational learning.[1] It is the most preferred video-hosting website in this vast and unique online environment.[2] Although content is usually uploaded by individuals, pages are also created and videos uploaded by professional organizations. Nocturnal enuresis (EN) usually demonstrates genetic inheritance and is observed in approximately 10% of school-age children.[3] For such a common condition, many parents or caregivers also conduct research on YouTube to gather information before consulting a physician. The information that families obtain from the internet about diseases that are common in children can sometimes complicate treatment. Thus, determining the extent to which online information on this subject is accurate and sufficiently comprehensive is of significant importance. Although the information provided by YouTube videos about EN has been studied to a limited extent, no such comprehensive study has been identified.[4]

The objective of this study was to determine whether YouTube videos provide accurate and comprehensive information about nocturnal enuresis (EN). In line with this objective, the quality, reliability, and adequacy of the most-viewed EN-related videos were examined, as well as the likelihood of viewers encountering misleading information.

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MATERIALS AND METHODS

YouTube searches (http://www.youtube.com) were performed using the terms "bedwetting," "enuresis treatment," "enuresis nocturna," "nocturnal enuresis," and "enuresis." Considering that users typically access only the first few pages of search results, with each page displaying approximately 20 videos, the 500 most-viewed videos were initially evaluated. For each keyword, the videos were first ordered according to the number of views, and a total of 100 videos were subsequently evaluated. The videos were then sorted by view count and recorded. The selected videos were stored in a playlist on June 1, 2021, to maintain consistency in the review process, given the daily variations in YouTube search results. Two board-certified urologists, who were Fellows of the European Board of Urology and Pediatric Urology (N.B. and A.K.A.), independently reviewed and analyzed the videos while blinded to each other's assessments. In cases of disagreement, a final decision was made by a third reviewer, a senior pediatric urologist (Y.I.).

KEY MESSAGES

- Most YouTube videos on monosymptomatic nocturnal enuresis provide limited and incomplete information, although they are partially useful.
- Videos produced by universities, professional organizations, and physicians demonstrate significantly higher quality, reliability, and comprehensiveness, whereas video popularity, as measured by the Video Power Index (VPI), does not reflect information quality.
- Longer video duration is associated with higher information quality, highlighting the need for authoritative institutions to actively produce reliable educational content on social media.

When the five keywords were searched on YouTube on June 1, 2021, playlists were created for each keyword. A total of 347 videos (69.4%) were excluded: 126 because of duplication, 189 because they were non-English, 18 because they described adult enuresis, 7 because they lacked sound, and 7 because they addressed unrelated subjects. Overall, 153 videos met the eligibility criteria and were analyzed (30.6%) (Fig. 1).

Videos considered suitable for analysis were those containing accurate, evidence-based, and comprehensive information on EN, particularly regarding diagnosis, management, and treatment. Videos deemed irrelevant, presented in languages other than English, or lacking audio or visual content were excluded from the analysis, and duplicate entries were counted only once.[5,6] This approach aligns with methodologies used in previous studies evaluating health-related YouTube videos. Because the study relied exclusively on publicly accessible data, ethical approval was not required, and the research was conducted in accordance with the Declaration of Helsinki.

Video Parameters for the Evaluation

Two pediatric urologists independently evaluated each video. Variables recorded for analysis included video length, upload date, cumulative view count, time available on YouTube, average daily views, upload source, speaker type, content, and viewer engagement metrics, such as likes, dislikes, and comments. The videos were subsequently classified into two main categories based on the usefulness of the information provided: useful and non-useful. The classification criteria were as follows:

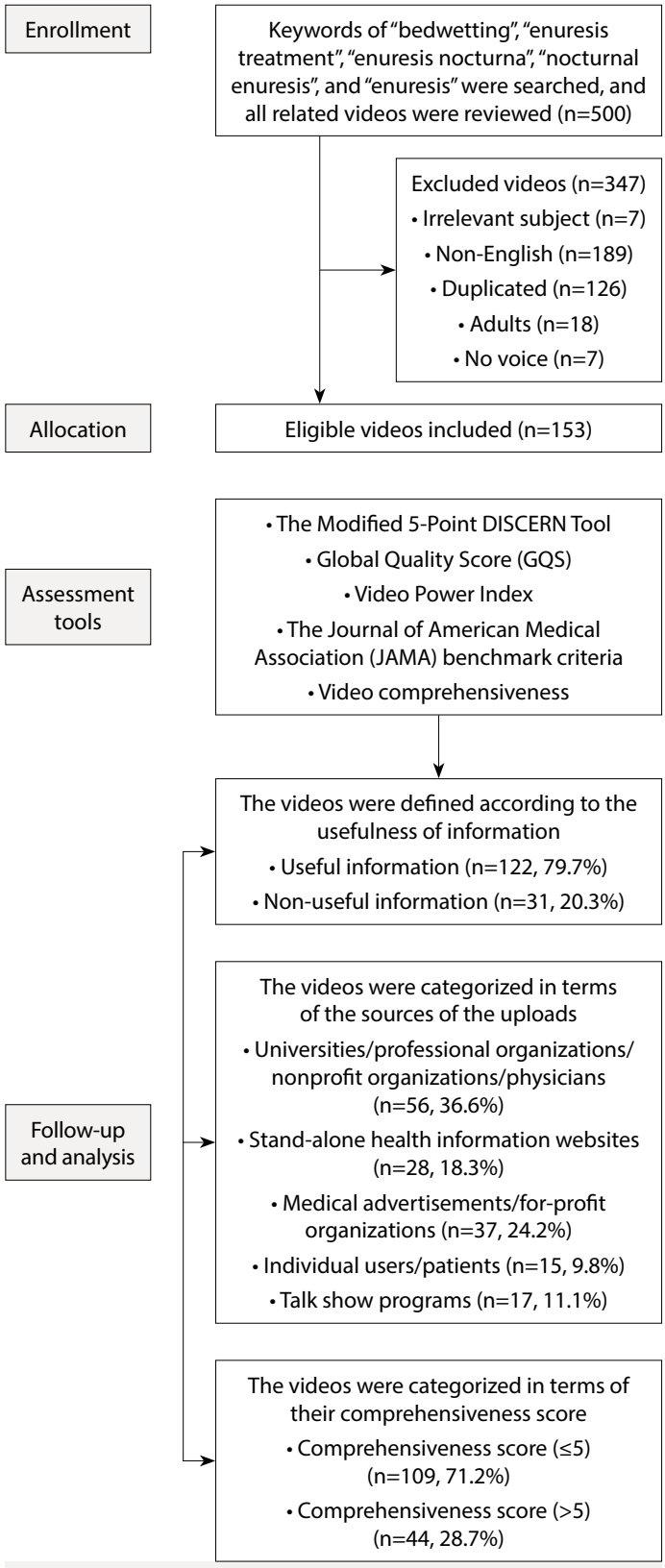

Figure 1. Flowchart of the study design.

- Useful information: Videos that provided accurate information according to recent guidelines were considered useful.[3,7] We also developed a comprehensive questionnaire for the management of EN (Table 1). The comprehensiveness score was not used to determine usefulness. Comprehensiveness and usefulness were assessed independently.
- Non-useful information: Videos were classified in this category if they contained scientifically unsupported or inaccurate information regarding EN.

Based on comprehensiveness scores, the videos were divided into two groups: those with scores of 5 or lower were classified as having poor comprehensiveness, whereas those with scores of 6 or higher were classified as adequately comprehensive. Because the comprehensiveness score consisted of 11 items, the cutoff value of 6 was selected to indicate that a video covered more than half of the predefined essential content domains related to the diagnosis, evaluation, and treatment of nocturnal enuresis. Accordingly, videos scoring 6 or higher were considered adequately comprehensive, whereas those scoring 5 or lower were considered poorly comprehensive.

Evaluation Instruments and Scoring Methods

Modified 5-point DISCERN tool

The original DISCERN instrument, which consists of 15 items, is designed to assess the quality of health-related information provided to patients.[8] In the present study, a modified 5-point DISCERN scale was used to evaluate the reliability of video content, consistent with methodologies used in previous studies (Table 2).[5,6]

Global Quality Score (GQS)

The GQS is a 5-point scale used to assess the accessibility, quality, and overall flow of information presented in online video resources. Scores range from 1, indicating poor quality, to 5, indicating excellent quality (Table 2).[9]

Journal of the American Medical Association (JAMA) Benchmark Criteria

The JAMA scoring system is a quality assessment instrument designed to evaluate the reliability of information provided on health-related websites. It comprises four criteria, with each criterion assigned a maximum score of 1.[5]

Video Comprehensiveness

This assessment was designed to determine the extent to which guideline-based information on the diagnosis and treatment of EN was addressed and to evaluate how

Table 1. Analysis of video characteristics according to their comprehensiveness score

Parameters	Comprehensiveness score (<5) (n=109, 71.2%)	Comprehensiveness score (>5) (n=44, 28.7%)	p
Total number of views	3041(735–21716)	1766 (576–11111)	§0.222
Video length (s)	149 (98–318.5)	493 (273–1002)	§<0.001*
Year	2017 (2014–2019)	2018 (2015–2019)	§0.472
Time on YouTube (months)	45 (18–73.5)	36 (18.7–71.5)	§0.685
Daily view count	3.1 (0.7–20.1)	2 (0.6–9.7)	§0.337
Likes	13 (3–99)	16.5 (4.2–75.7)	§0.648
Dislikes	1 (0–10.5)	1 (0–4.75)	§0.237
Comments	0 (0–12)	0.5 (0–14.2)	§0.767
Video Power Index	2.7 (0.6–18.6)	2 (0.8–9.4)	§0.704
DISCERN score	1 (1–2)	2 (2–3)	§<0.001*
Global Quality score	2 (2–3)	4 (3–4)	§<0.001*
Upload source, n (%)			‡<0.001*
Universities/professional organizations/ non-profit physician groups/physicians	30 (27.5)	26 (59.1)	
Stand-alone health information websites	20 (18.3)	8 (18.2)	
Medical advertisements/for-profit companies	37 (33.9)	0 (0)	
Individual users/patients	11 (10.1)	4 (9.1)	
Talk show programs	11 (10.1)	6 (13.6)	
Speaker, n (%)			‡<0.825
Physician	53 (48.6)	24 (54.5)	
Non-physician health provider	13 (11.9)	4 (9.1)	
Individual in the video	15 (13.8)	7 (15.9)	
External voice	28 (25.7)	9 (20.5)	
JAMA, n (%)			
JAMA authorship	55 (51.4)	26 (63.4)	‡0.189
JAMA attribution	2 (1.9)	8 (19.5)	‡<0.001*
JAMA disclosure	4 (3.7)	5 (11.9)	‡0.060
JAMA currency	2 (1.9)	2 (4.8)	‡0.326
JAMA total	1 (0-1)	1 (0-1)	§0.008*

*: P<0.05 indicates statistical significance. Data are presented as n (%) and median (25–75th percentiles). §: Mann–Whitney U test; ‡: Chi-square test.

comprehensively families could access information about EN. The 11-item comprehensiveness scale was developed by the researchers based on the key diagnostic, evaluation, and treatment domains emphasized in current guideline-based recommendations for monosymptomatic nocturnal enuresis, particularly the International Children's Continence Society (ICCS) standardization documents and the European Association of Urology/European Society for Paediatric Urology (EAU/ESPU) Paediatric Urology Guidelines. These sources emphasize essential elements such as the definition and classification of enuresis; differentiation between monosymptomatic and non-monosymptomatic enuresis; assessment of lower urinary tract symptoms; evaluation of bowel habits and constipation; use of voiding/bladder diaries when appropriate; basic urotherapy and behavioral recommendations; alarm therapy; desmopressin treatment; and indications for referral or further evaluation. The preliminary checklist was independently reviewed by two pediatric urologists, and the final 11 items were determined after expert consensus to ensure that the scale reflected clinically relevant and family-oriented information domains.

Table 2. Evaluation tools for assessing the reliability, quality, and comprehensiveness of YouTube videos on enuresis nocturna

DISCERN Reliability Tool (1 point per question if answered yes)
1. Are the aims clear and understandable in the video?
2. Are useful reference sources provided? (Publications cited from valid studies)
3. Is the information in the video balanced and neutral?
4. Are additional sources of information provided from which viewers can benefit?
5. Does the video evaluate areas that are controversial or uncertain?
Global Quality Scale
1. Poor quality, poor flow, most information missing; not helpful for patients
2. Generally poor quality, with some information provided, but of limited use to patients
3. Moderate quality; some important information is adequately discussed
4. Good quality, good flow; most relevant information is covered and useful for patients
5. Excellent quality and flow; highly useful for patients
Journal of the American Medical Association (JAMA) Benchmark Criteria
a) Authorship: Authors and contributors, their affiliations, and relevant credentials should be provided.
b) Attribution: References and sources for all content should be clearly listed, and all relevant copyright information should be provided.
c) Disclosure: Website ownership should be prominently and fully disclosed, including any sponsorship, advertising, underwriting, commercial funding arrangements, or support, as well as potential conflicts of interest.
d) Currency: Dates on which the content was posted and updated should be indicated.
Comprehensiveness Scale (1 point for each item covered in the video)
1. Requirement for treatment after 5 years of age
2. Sleep disorder
3. Decreased bladder capacity or bladder overactivity
4. Nocturnal polyuria
5. Genetics
6. Behavioral treatments
7. Fluid restriction
8. Urotherapy
9. Desmopressin treatment
10. Alarm treatment
11. Secondary treatments, including anticholinergics, antidepressants, acupuncture, hypnosis, etc.

A total of 11 items covering the diagnostic, evaluation, and treatment stages were included, with each item assigned 1 point (Table 1).

Video Power Index

To assess video popularity, Video Power Index (VPI) values were calculated using the following formula: VPI=like ratio×view ratio/100.[10] The study flowchart is summarized in Figure 1.

Statistical Analysis

The distribution of the data was examined using the Shapiro–Wilk test, along with visual inspection of histograms and Q–Q plots. Homogeneity of variance was evaluated using Levene's test. For comparisons between two groups involving non-normally distributed variables, the Mann–Whitney U test was used. Pearson's chi-square test was used to analyze categorical variables. Agreement between raters was determined using Cohen's kappa coefficient, and interobserver reliability was assessed by calculating the intraclass correlation coefficient. Relationships between variables were explored using Spearman's rank correlation analysis. All statistical analyses were performed using IBM SPSS Statistics for Windows, version 22.0 (IBM Corp., Armonk, NY, USA), and statistical significance was defined as $p<0.05$.

Table 3. Analysis of video characteristics according to usefulness

Parameters	Useful information (n=122, 79.7%)	Non-useful information (n=31, 20.3%)	p
Total number of views	2416 (622–12199)	3094 (535–31007)	§0.527
Video length (s)	220.5 (109–504.25)	259 (142–415)	§0.438
Upload year	2017 (2013–2019)	2018 (2016–2020)	§0.082
Time on YouTube (months)	40 (21–84.5)	37 (11–57)	§0.107
Daily view count	2.65 (0.75–12.04)	3.9 (1–33.27)	§0.226
Likes	12.5 (3–74)	32 (3–269)	§0.117
Dislikes	1 (0–6.25)	2 (0–32)	§0.133
Comments	0 (0–9)	2 (0–31)	§0.251
Video Power Index	2.4 (0.7–11.1)	3.7 (0.7–33.3)	§0.154
DISCERN score	2 (1–2)	1 (1–1)	§<0.001*
Global Quality Score	3 (2–3.2)	1 (1–2)	§<0.001*
Comprehensiveness score	4 (1.7–7)	1 (0–2)	§<0.001*
Upload source, n (%)			‡<0.001*
Universities/professional organizations/non-profit physician groups/physicians	47 (38.5)	9 (29)	
Stand-alone health information websites	24 (19.7)	4 (12.9)	
Medical advertisements/for-profit companies	31 (25.4)	6 (19.4)	
Individual users/patients	5 (4.1)	10 (32.3)	
Talk show programs	15 (12.3)	2 (6.5)	
Speaker, n (%)			‡0.545
Physician	54 (52.5)	13 (41.9)	
Non-physician health provider	12 (9.8)	5 (16.1)	
Individual in the video	16 (13.1)	6 (19.4)	
External voice	30 (24.6)	7 (22.6)	
Video content, n (%)			‡0.103
General	85 (70.8)	27 (90)	
Behavioral treatment only	7 (5.8)	2 (6.7)	
Medical treatment only	1 (0.8)	0 (0)	
Alarm treatment only	27 (22.5)	1 (3.3)	
JAMA			
JAMA authorship	69 (58.5)	12 (40)	‡0.069
JAMA attribution	10 (8.5)	0 (0)	‡0.099
JAMA disclosure	8 (6.7)	1 (3.3)	‡0.426
JAMA currency	4 (3.4)	0 (0)	‡0.403
JAMA total	1 (0–1)	0 (0–1)	§0.020*

*: P<0.05 indicates statistical significance. Data are presented as n (%) and median (25–75th percentiles). §: Mann–Whitney U test; ‡: Chi-square test.

RESULTS

The statistical analysis included 153 videos that met the predefined inclusion criteria. A high degree of agreement was observed between the reviewers in the reliability assessments, as reflected by a kappa coefficient of 0.848. The intraclass correlation coefficients were 0.854 (95% CI: 0.728–

Table 4. Correlations between quality scales and video features

	VPI	Video length (s)	Time on YouTube (months)	Daily view count	Likes	Dislikes	Comments
DISCERN score	-0.104	0.307	0.063	-0.115	-0.042	-0.097	-0.048
p value	0.220	<0.001*	0.438	0.157	0.603	0.233	0.556
Global Quality Score	-0.036	0.261	0.125	-0.070	0.002	-0.079	-0.017
p value	0.676	0.001*	0.125	0.388	0.976	0.336	0.838
Comprehensiveness score	-0.055	0.487	-0.031	-0.053	0.035	-0.061	-0.006
p value	0.517	<0.001*	0.703	0.516	0.667	0.455	0.942
JAMA total	-0.098	0.260	-0.055	-0.121	0.031	-0.007	0.126
p value	0.255	0.001*	0.503	0.142	0.706	0.932	0.130

Data are presented as Spearman's rho and p value. *: P<0.05 indicates statistical significance.

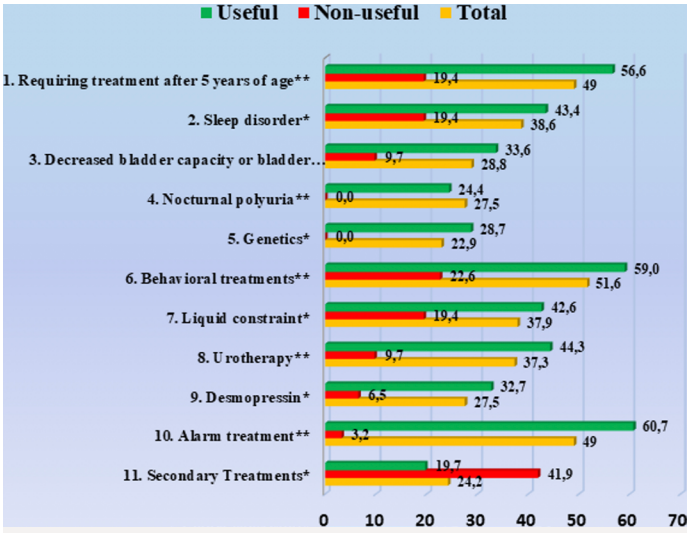

Figure 2. Analysis of comprehensiveness questions between groups.

*: P<0.05 indicates statistical significance; **: P<0.01 indicates statistical significance.

0.909) for DISCERN, 0.737 (95% CI: 0.555–0.832) for GQS, and 0.839 (95% CI: 0.693–0.892) for the comprehensiveness score. These results demonstrate strong interrater reliability for all evaluation measures.

Based on the useful versus non-useful classification, significant differences were observed between the two groups with respect to DISCERN, GQS, total JAMA scores, overall comprehensiveness scores, and upload source (Table 3). No significant differences were found in terms of VPI, number of likes and dislikes, or video duration. Videos uploaded by universities, professional organizations, and physicians constituted the majority of useful content (38.5%), with this difference reaching statistical significance (p<0.001).

Based on comprehensiveness categories (<5 vs. 5–11), statistically significant differences were identified between the groups in DISCERN, GQS, total JAMA scores, upload source, and video length, whereas no differences were noted in VPI, speaker characteristics, or engagement metrics, such as likes and dislikes (Table 2). When the videos were further divided according to the median comprehensiveness score (median=3), the comparative analysis yielded consistent results.

Video length was found to have a significant positive correlation with all scoring tools, including DISCERN, GQS, and total JAMA (Table 4). It was also found that longer video duration was associated with a higher VPI. In contrast, no significant correlation was found between VPI and usefulness, comprehensiveness, or the other scoring systems (Table 4). The video scoring systems and comprehensiveness scores were not associated with the number of likes, dislikes, comments, or daily views (Table 4).

Figure 2 shows the answers to all comprehensiveness questions in useful and non-useful videos. We found that videos mentioning secondary treatments, such as anticholinergics, antidepressants, hypnosis, and acupuncture, were mostly non-useful. In addition, videos mentioning treatment onset age, nocturnal polyuria, behavioral treatments, urotherapy, and alarm therapy were statistically more likely to be useful. Among these, alarm therapy (60.7% vs. 49%), behavioral treatment (59% vs. 51.6%), and age at treatment onset (56.6% vs. 49%) had the highest rates.

DISCUSSION

Our study findings showed that EN videos on YouTube were generally useful (79%) but had low comprehensiveness (28%). Videos originating from reliable sources, such as universities, professional organizations, non-profit physician groups, and individual physicians, demonstrated high levels

of both comprehensiveness and usefulness. Videos that included information on alarm therapy had the highest usefulness rates. In contrast, videos produced by individual users and talk show programs contained the least useful and least comprehensive information.

The internet and social media have become key resources for the public dissemination of easily accessible information.[11] YouTube is the most preferred video-hosting website for individuals seeking information on any subject through visual content. YouTube allows users to upload, watch, and share videos, and over the past 16 years, it has evolved into a highly accessible and user-friendly platform. As a result, patients and their families commonly use YouTube as a source of information on disease diagnosis and management.[12]

Studies evaluating YouTube content related to pediatric diseases remain limited in the literature, with research primarily focusing on conditions such as hydrocephalus, food allergy, adenotonsillectomy, rhabdomyosarcoma, clubfoot, and autism.[13–19] Only two studies in the field of pediatric urology have examined YouTube content, specifically addressing hypospadias and nocturnal enuresis.[4,20]

In the new era, short videos are preferred on social media. This may be because younger generations tend to lose interest in long videos and may find them less engaging. However, one of the findings of our study was that video length was directly correlated with all scoring tools and comprehensiveness. Based on this finding, individuals seeking sufficient and reliable information about a disease may benefit more from longer videos, whereas short videos may not provide sufficient or complete information.

The most distinctive aspect of our study is its assessment of comprehensiveness. We evaluated whether video content on a video-hosting website included the basic information that should be provided about a disease. There are no preexisting validated scoring criteria for assessing the comprehensiveness of online media content. Investigating and classifying this issue using 11 EN-specific questions provided more objective and specific information for video evaluation. Although all the information in a video may be correct, it may still be insufficient. Videos that included accurate information addressing only part of the full topic were considered useful. Although these videos were useful, their comprehensiveness scores were not sufficiently high. Although existing scoring tools assess overall video quality, the complete information that the audience should understand about the topic can be evaluated only using the comprehensiveness score. In addition to the information on video quality provided by standard scoring systems, this assessment also revealed how much of the information that the public should know about the disease was presented. Few studies have investigated the comprehensiveness of YouTube videos in this manner.[15,21,22]

The VPI provides information on video popularity. However, according to our results, VPI was negatively correlated with usefulness, comprehensiveness, and all scoring systems. Similar results have been reported in some studies.[10,23,24] Therefore, it can be stated that videos preferred by the public may have lower reliability and accuracy.

Videos uploaded by individual users, patients, or their relatives were predominantly classified as non-useful. Therefore, content produced by reliable sources, such as universities, professional organizations, non-profit physician groups, and physicians, should be prioritized as trustworthy sources of information.

Videos uploaded by universities, professional organizations, and physicians provided the most accurate and reliable content in terms of both usefulness and comprehensiveness. Therefore, it appears essential that accurate and adequate information be delivered to the public by impartial and qualified individuals or institutions.[10,25]

In terms of video content, almost all videos that mentioned only alarm therapy were useful (Table 1). However, these videos were insufficient in terms of comprehensiveness because they did not include other relevant information. When all videos were evaluated, the rate of mentioning alarm therapy was relatively high (49%).

Most talk show videos featuring a professional were found to be useful and comprehensive. These videos provided sufficient and reliable information about EN, similar to videos uploaded by universities, professional organizations, and physicians. Therefore, these videos should be preferred as sources of information.

Many studies have evaluated the reliability and accuracy of YouTube videos for different diseases. Recently, an article evaluating the reliability and quality of YouTube videos on EN was published.[4] There are several methodological differences, more extensive statistical analyses, and different results between that article and our study. First, using five keywords instead of one created a difference not only in the number of videos but also in their distribution. Evaluating video comprehensiveness by adding disease-specific questions to the assessment, in addition to the established scoring systems, provided more specific and clearer results. Therefore, the videos were evaluated not only in terms of quality but also in terms of usefulness and comprehensiveness. In addition, EN treatment methods, including behavioral treatment, medical treatment, and alarm therapy, were evaluated separately in our study, and the usefulness of videos addressing these treatments was assessed.

One limitation of this study was the inclusion of only English-language videos. This should be considered a methodological limitation rather than merely a standardization preference,

as it may restrict the global generalizability of the findings and may not reflect the quality, accuracy, usefulness, or comprehensiveness of information available to non-English-speaking populations. Another limitation was the lack of an objective scale and cutoff value for evaluating comprehensiveness. To address this limitation, both a cutoff value of 5 (11/2) and the median value were evaluated separately. Another potential limitation concerns why only the top 100 videos for each keyword were included. The following question may arise: What if the 101st video was highly adequate and reliable? Would excluding it lead to an incorrect assessment? This approach was based on YouTube's algorithm, and we evaluated the videos that the public is most likely to watch first. The aim was not to evaluate all videos on YouTube but rather to assess the maximum number of videos that an ordinary viewer would likely watch on the website. Finally, the video search and data collection were performed in June 2021. Given the dynamic nature of YouTube, videos may be added, removed, edited, or reordered over time, and viewer engagement metrics may continuously change. Therefore, our findings reflect the YouTube content available at the time of data collection and may not fully represent the current quality, accuracy, usefulness, or comprehensiveness of videos on nocturnal enuresis. Future studies with updated searches are needed to evaluate temporal changes in online video content.

CONCLUSION

Patients and caregivers primarily use social media platforms, especially YouTube, to obtain information about diseases. YouTube videos were found to be useful in 79% of cases but comprehensive in only 28%. Considering this finding and the need for more accurate guidance, not only healthcare professionals and universities but also health ministries and governmental health units should prepare informative videos in their own languages and present them to the public in an engaging manner on YouTube. In this way, a public health problem may be addressed by preventing the dissemination of confusing, incorrect, and incomplete information.

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