

■ Bed-Wetting (Nocturnal Enuresis) ■

Bed-wetting can be a stressful problem for children and parents. Children generally don't wet the bed on purpose. Any child can have an occasional "accident," but medical attention may be needed if bed-wetting is a frequent problem. Behavioral and other types of treatments are available.

What's the medical definition of bed-wetting?

Bed-wetting is seen as a problem when a child who is old enough to have control over his/her bladder (urination) during the day and night wets the bed frequently for an extended period of time. A common definition is twice a week for about 3 months, or anytime bed-wetting is causing a significant problem in any area of your child's life (for example, causing embarrassment or teasing).

Generally, most children can stay dry both day and night after age 5. Bed-wetting becomes less common at older ages but can continue to occur into the teen years. The medical term for bed-wetting during sleep is *nocturnal enuresis*.

What are the types of bed-wetting?

- *Primary bed-wetting.* Bed-wetting has always been a problem.
- *Secondary bed-wetting.* Children who have been dry at night sometimes develop new problems with bed-wetting; the difficulty is often related to some stressful situation in your child's life.
- Some children wet themselves when they are awake (diurnal). This is a different condition and so the evaluation and treatment may be different.

What causes bed-wetting?

Many different factors can contribute to bed-wetting problems, including:

- *Genetics.* Bed-wetting runs in families.
- *Sleep problems.* Children who wet the bed may have a different type of sleep pattern the way the bladder works.
- *Differences in kidney function.* Minor differences in kidney function may interfere with your child's ability to know when he or she has to urinate.

- *Psychological issues.* Sometimes bed-wetting is related to stressful or traumatic experiences.

What are some possible complications of bed-wetting?

Besides embarrassment and family stress, there are few complications. By far, most children who wet the bed have no health-threatening disease or physical abnormality.

What affects your child's risk of bed-wetting?

- If you or anyone else in your family had problems with bed-wetting, your child may be at higher risk.
- Constipation probably increases bed-wetting.
- Bed-wetting is more common in boys than girls, especially at younger ages.
- At age five, 7% of boys and 3% of girls wet the bed. Even in the teen years, bed-wetting is a problem for 1% of boys (but very few girls).

How is bed-wetting treated?

Assessment. Your doctor will ask detailed questions about the bed-wetting behavior. If the problem is simply nighttime bed-wetting, a urine test (urinalysis) may be done. This is mainly to check for infection or diabetes.

Treatment options. Your doctor may recommend one or more of the following treatments:

- Home "do's and don'ts" (behavioral treatment):
 - *Do* try to get your child's cooperation in dealing with the problem.
 - *Do* have your child urinate before going to bed.
 - *Do* make a chart of dry nights, or help your child do so. Offer small rewards for each dry night. Increase the rewards once your child stays dry for several nights in a row.
 - *Don't* wake your child repeatedly to take him or her to the bathroom.
 - *Don't* punish or embarrass your child. Rewards are much more effective than punishment.
- Night-time alarm. A simple "bell-and-pad" alarm system is commonly used. This type of device is a useful addition to the "do's and don'ts" listed above and can be very effective. However, the child must be willing to use it.

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- The alarm is set off by urine. The goal is to get your child to wake up and go to the bathroom or to clean up the bed.
- After using this device for at least 3 to 4 weeks, your child will be better able to recognize the urge to urinate. For most children, bed-wetting stops after use of this device. Sometimes, however, the problem returns, and the device is needed again.
- Medications may be tried if other treatments don't help. However, medications are less effective than the nighttime alarm device. The problem may return after your child stops taking the medication. Two main medications are used:
 - Desmopressin, which decreases the amount of urine produced.
 - Imipramine (Tofranil), an antidepressant drug, may be helpful. However, it can have serious side effects, especially if your child takes an overdose.
- Psychotherapy (counseling) is sometimes helpful, especially for children who start wetting the bed after some traumatic or stressful event.



When should I call your office?

Call our office if problems with bed-wetting continue, or if they return after your child gets better.