

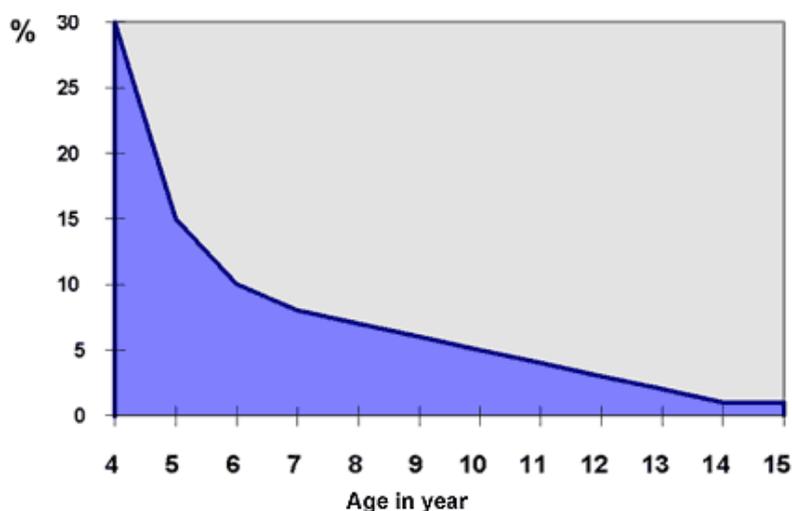
## Bedwetting

Bedwetting is sometimes called "**nocturnal enuresis**".

Bedwetting is a problem for many school age children and their families. The good news is that for many, the problem can usually be fixed through fairly simple treatment.

Bedwetting is very common. In Victoria alone, there are at least 37,000 children between the ages of five and 15 who wet the bed regularly. At four years of age nearly one in three children wet, this falls to about one in 10 by age six, and one in 20 by age ten. This is shown in the graph.

### Percentage of children who wet the bed at different ages



You can see that your child is not the only one with this problem, and it is important that he or she does not feel alone with it. There will be many other bedwetters in the same school, even though they do not usually tell their classmates! It is very common for children to become dry at night for a while and then to start wetting again.

### Causes of bedwetting

Not all of the causes of bedwetting are known. Children who wet the bed have difficulty waking up to go to the toilet when their bladder is full. Sometimes their bladder is smaller or 'irritable' and holds less urine.

Bedwetting does tend to run in families. If one or both parents used to wet the bed when they were children, then it is quite likely to occur in their children.

Recent research has found that many children who wet the bed produce less of a hormone known as antidiuretic hormone (ADH) during sleep. This hormone normally reduces urine production during sleep. These children produce more

urine during the hours of sleep than their bladders can hold. If they do not wake up, the bladder releases the urine and the child wets the bed.

**In some rare cases, there may be a physical problem that is the cause of the child's bed-wetting. For this reason, it is very important that a General Practitioner (GP) examines your child. The doctor will consider all the details and recommend the best treatment.**

**You may wish to see a doctor about your child's bedwetting if:**

- Your child is at least six years old
- You/your child, are troubled and frustrated by the bed-wetting
- You punish, or are concerned that you might punish, your child for wetting the bed
- Your child wets or has bowel movements in his or her pants during the daytime

If bed-wetting is worrying you/your child, then you should try some treatment. It is very important to be patient and to encourage your child. Most important of all, you must understand that punishing or making fun of your child for wetting the bed will only make the situation worse. Brothers and sisters need to understand this as well.

## **Treatment**

### **Motivation**

Your child needs to be very involved in the treatment plan if it is to work. As the treatment progresses, your child will probably have some good and some bad days. Be very positive on the good days, and try not to be negative on the bad ones.

Most children don't need rewards to encourage them to take part in treatment - the prospect of a regular dry bed is usually enough. Some small treats along the way may be a good idea, but don't promise them in advance. Rather give them as a little surprise if your child is making some progress. Certainly don't offer big rewards (eg a new bike) because this can add to the stress associated with treatment, and can be very disappointing if your child should fail to get dry.

It can be helpful to keep a record chart of wet and dry nights. Your child should make the chart themselves, and choose how to complete it. Some children like to put stars or stickers on for dry nights or to colour it in or draw pictures. Choose something that fits in with your child's interests (eg football stickers). Charts used on their own have little success, but in combination with a bedwetting alarm they can be very useful.

### **Changing habits and exercises**

It is important for your child to drink plenty of fluid spread evenly throughout the day. Don't try to restrict the amount of fluid your child drinks in the evening as this will not help and can even delay the process of getting dry at night. However,

don't give drinks containing caffeine (e.g. coffee, tea, hot chocolate,Â caffeinated soft-drinks like Coca-ColaÂ etc) late at night.

If you are putting your child in a nappy at night, to save on laundry, then it is unlikely that he or she will become dry while this continues. It is better to do away with the nappy all together, but if you must use one, then at least try without a nappy for a week every couple of months. Nappies cannot be worn while using a bedwetting alarm.

Some doctors recommend bladder awareness exercises. These exercises include learning to resist the immediate urge to urinate, and stopping and starting the urine flow midstream. Your doctor will recommend and explain these if necessary.

## **Mattress protection etc**

While waiting for your child to stop wetting the bed, you may like to use some protection for the bed. A variety of pads and covers are available to protect the bed and pillow, and there are underwear pads that can be used for special occasions (eg school camps, holidays). They are available from:

- Royal Children's Hospital'sÂ Equipment Distribution Centre (Tel 03 9345 5325),
- Tyco Health care (NSW Tel:1800 112 242)
- The Continence Foundation of Australia (Tel 03 9417 3584).

## **Bedwetting alarms**

Bedwetting alarms are considered the most useful and successful initial way to treat bedwetting. Research has shown these alarms will help more than 80% of children become dry, and most children will then stay dry. This treatment requires a supportive and helpful family and may take 6-8 weeks to work. Alarms have good long-term success and fewer relapses than medication.

## **Using a mattress bedwetting alarm**

These alarms are available for hire from The Royal Children's Hospital (RCH). You will need a referral from your GP to see one of our paediatricians before you can hire a bedwetting alarm.

The alarm consists of a rubber mat that is placed in the bed under where the child's bottom will be, and it is connected by a wire to a box with a battery powered alarm bell. The system operates at low voltage and there is no risk to your child.

- The mat should be placed on top of the bottom sheet on the bed, and should be covered with a piece of thin material. For example, an old sheet that's cut up just big enough to cover the mat and long enough to tuck in on either side of the bed.
- The wires should be plugged into the box, which should then be placed as far away from the bed as the wire will allow.
- When going to bed your child should switch on the alarm and get into bed. It is best if he or she only wears a pyjama jacket and underpants. Not pyjama trousers or a long nightdress.

- When your child wets the bed, a loud alarm will ring. He or she should get out of bed as quickly as possible and turn off the alarm, go to the toilet to finish emptying his/her bladder. Then dry the mat using the piece of material, put a new piece of material over the mat, turn the alarm back on and get back into bed. You may have to help your child with some of this, at least for the first few nights.

Within a week or two your child should start to have some dry nights. This may happen because he or she wakes up and goes to the toilet before wetting the bed, or because he or she learns to hold on all night.

If your child has seven dry nights in a row, try giving some extra fluid to drink in the evening. This is called "overlearning".

If your child has 14 dry nights in a row, try leaving the mat on the bed but without the alarm switched on and see what happens. If dry nights continue, try leaving the mat off the bed all together.

### **A few extra tips**

When you first get the alarm home, practise the whole routine a few times. You can use a glass of salty water to set the alarm off instead of urine. Talk over the routine together each night as he or she gets ready for bed.

If your child is a deep sleeper, you may have to wake him or her up when the bell rings for the first few nights. Most deep sleepers then get used to waking to the sound of the bell.

If the alarm fails to go off when the bed is wet, or goes off when the bed is dry, then contact the equipment centre for advice.

### **Medications**

Most children with bedwetting **do not** need to take medication, but there are some occasions when it can be useful.

**DDAVP (eg Minirin).** This is a man-made form of antidiuretic hormone (ADH) that works by substituting for the natural hormone. It helps the child's body make less urine at night, and thus reduces the risk of the child's bladder overfilling during sleep. DDAVP is best used in the tablet form.

DDAVP is usually reserved for children who have failed treatment with a bedwetting alarm, and sometimes the two treatments are then given together. Some children use the medication for sleep-overs or school camp.

DDAVP is safe provided you never exceed the recommended dose and avoid excessive fluid intake in the evening after dinner.

DDAVP can work quickly. Some children will be dry after the first night. Many doctors recommend using DDAVP for 3 months, followed by a tapering off period to determine if the child can stay dry without medication. Some children will resume bed-wetting when the drug is withdrawn. If the child becomes wet again

your doctor may ask you to restart DDAVP and try to stop it again every few months to see whether your child still needs it to stay dry.

## Key points to remember

- Bed-wetting is not a behavioral problem.
- Most children have no lasting problems from bed-wetting, however, many do feel embarrassed or ashamed.
- Family members of children with bedwetting need to be supportive and not critical.
- Bedwetting alarms are considered the most successful first way to treat bedwetting. Talk to your GP about a referral to an RCH paediatrician if you think this could help your child.

## More information

- The bedwetting clinics at the RCH see several hundred children each year, who have been referred by their GP for treatment of bedwetting. We also run special clinics for children with more complicated bladder and bowel problems, such as daytime wetting or soiling (encopresis).

Referrals should be addressed to:

### General Paediatric Enuresis Clinic

Royal Children's Hospital  
Parkville 3052

**Fax** 03 9345 5034

**Tel** 03 9345 6180

- DAVID'S SECRET SOCCER GOALS - a book for kids who bed wet and would like to know more about their problem, and maybe do something about it. The book is designed to be easily read alone by children age seven and above and is available through [www.amazon.com](http://www.amazon.com) and <http://barnesandnoble.com>. Also ask at your local bookstore.
- For more information about bedwetting and products, visit [www.bedwettingcured.com.au](http://www.bedwettingcured.com.au)

Developed by the RCH General Medicine department. Updated October 2010

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More RCH Fact Sheets can be found at [www.rch.org.au/kidsinfo/](http://www.rch.org.au/kidsinfo/).

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