Continence Facts

The Canadian Continence Foundation

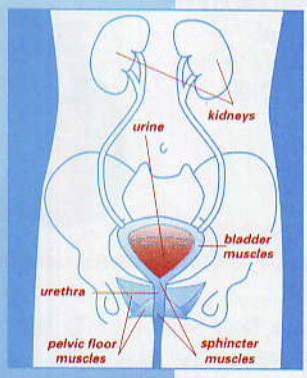
QUESTIONS AND ANSWERS ON BEDWETTING IN CHILDREN

Q. WHAT IS NOCTURNAL ENURESIS?

A. Nocturnal enuresis is the medical term for nighttime bedwetting in adults and children aged six and over. This information sheet addresses bedwetting in children.

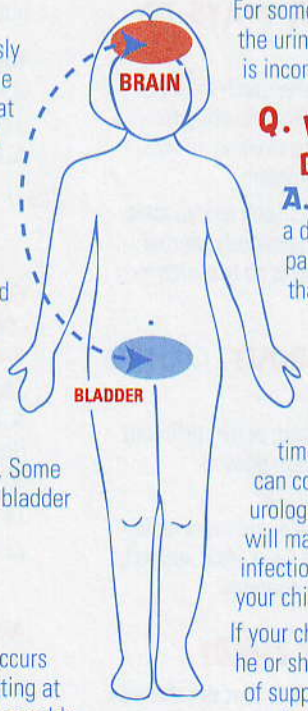
Q. HOW DOES A CHILD CONTROL THEIR BLADDER?

A. The bladder is a muscle that can expand like a balloon. It works together with the sphincter, a muscle at its base, to store and release urine produced by the kidneys.



An infant does not consciously control the bladder. When the brain receives a message that the bladder is full, the spinal cord triggers a bladder contraction, the sphincter relaxes and urine is released.

Between the ages of two and four, children become more aware of the sensation of a full bladder during the day. They learn how to delay emptying the bladder, first during the day and eventually overnight. Some children achieve daytime and nighttime bladder control at the same time.



Q. HOW COMMON IS BEDWETTING?

A. Enuresis is extremely common. It occurs more often in boys than in girls. Bedwetting at least twice a week occurs in 25% of 5-year-olds, 10% to 15% of 10-year olds and 3% of 15-year olds. Almost all children eventually outgrow it. About 1% to 3% of adults wet the bed.

Family history is a factor. About half of children who experience bedwetting have at least one parent or relative who had the same problem.

Q. WHAT CAUSES NOCTURNAL ENURESIS OR BEDWETTING?

A. It is not yet completely understood why some children do not wake up to go to the bathroom. Here are some possible explanations:

Studies show that some children who wet their beds produce less antidiuretic hormone (ADH) than other children. ADH reduces the volume of urine produced overnight. However, not all children who wet the bed produce less ADH.

Some children may have difficulty waking when the bladder is full; research is inconclusive.

Some researchers think the inability to recognize the feeling of a full bladder during sleep is due to delayed development of the communication between the brain and body.

For some reason, the bladder may contract and push the urine out before it is full at night. Again, research is inconclusive.

Q. WHAT DOES NOT CAUSE BEDWETTING?

A. Enuresis does **not** involve laziness, nor is it a deliberate behavior designed to aggravate parents. There is also **no** evidence to suggest that it stems from improper toilet training.

Q. WHAT CAN BE DONE ABOUT IT?

A. If enuresis does not disappear with time, and your child is concerned about it, you can consult your family doctor, pediatrician or urologist with an interest in this field. The doctor will make sure there is no physical problem or infection. After these causes are ruled out, you and your child may decide to treat the enuresis.

If your child agrees this is a problem for him or her, if he or she is motivated, and if you give your child lots of support, the chances of successfully treating enuresis are high.

Here are some of the treatment options your doctor may discuss with you and your child:

Alarms that help to waken the child as soon as the first drops of urine appear are safe and effective. Sensors are attached to the underwear and the alarm is placed near the ear. The child will learn to wake up and to finish urinating in the toilet. After several weeks or months of training with the alarm, the child usually learns to wake up automatically when the bladder feels full.

If the system is used properly, and the parents and child receive proper training and follow-up, this treatment is successful in 80% of cases. Occasionally the enuresis comes back, but if the alarm system is reintroduced, the child usually achieves success again.

Medication is another treatment option which may be effective when prescribed appropriately for children. Sometimes, a combination of alarm and medication may be used. Available medications include:

Desmopressin, or DDAVP*: This is an artificial version of ADH (antidiuretic hormone). Given as a nose spray at bedtime, it decreases the amount of urine produced overnight. It is sometimes used together with alarms. It has an average short-term improvement rate of 60% while the child takes the drug. The long-term cure rate is 30%.

Imipramine (Tofranil*): This drug allows the bladder to relax and fill more easily before it contracts to push the urine out. It has a success rate of 40% to 50%.

Medications can involve an ongoing cost, and may have side effects for the child. The enuresis may also come back once the medication is stopped.

Q. What about some other ways to treat enuresis?

A. Other techniques have been tried, but no research exists to support their effectiveness. These include waking the child to urinate each night, and restricting liquids in the evening. In fact, restricting fluids may actually aggravate the problem.

You may also hear about alternative treatments such as hypnosis, homeopathic remedies, allergy treatments, acupuncture, herbal remedies, diet restrictions and astrology. There is no research to support their effectiveness.

Q. How do children feel about bedwetting?

A. Your child may feel frustrated, embarrassed, or just different from his or her friends, especially when there are missed opportunities to go to sleep-overs or camp.

As a parent, you may be tempted to blame and punish your child. But please remember that enuresis is no one's fault. Your support, empathy and patience are key in dealing with enuresis.

Q. How can I reassure my child?

A. Let your child know that this is common, and that the chances of overcoming the problems surrounding enuresis are very good.

Discuss with your child how he or she wishes to handle the enuresis when sleeping away from home. Some children choose to take medication on those nights, or to use disposable training pants.

Encourage your child to take responsibility for his or her treatment. For example, the child may self-administer the nose spray, set up the alarm, and help change the bed sheets.

Remind your child that no single treatment plan is ideal for all children and their families, and that more than one therapy is available.

Praise the dry nights, as well as your child's other successes at school, in sports and at home.

Remember that enuresis is no one's fault, that it can usually be successfully treated, and that most children outgrow it.

Q. Where can I find more information?

A. Contact the urology department of the general or children's hospital in your region to find out where the nearest enuresis clinic is located.

Contact the following resources on the internet:

The National Enuresis Society at
http://www.peds.umn.edu/centers/nes/

The Enuresis Resource and Information Center at
http://ourworld.compuserve.com/homepages/enuresis/

You may want to check your local library for:

A Parent's Guide to Bedwetting Control: a step-by-step method, Nathan H. Azrin, Victoria A. Besalel, New York: Pocket Books, ©1981.

Our sincere thanks are extended to the following collaborators for their time and commitment in the development of this fact sheet:

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