

Advice to parents

1. What causes bedwetting?

As a condition bedwetting is only recognised as being a problem after the age of 5 and when a child regularly wets the bed 3 times a week or more. It is worth knowing that bedwetting can be hereditary and research has demonstrated that if one or both parents wet the bed, the risk of his/her children also being affected is 40% or 75% respectively.

We now believe that bedwetting, also called nocturnal enuresis, may be caused by one or more of the following problems:

Urine production does not slow down at night - We all produce a substance called vasopressin to slow down production of urine overnight. If you wet the bed, the chances are you do not produce enough vasopressin to reduce urine production, causing the kidneys to produce more urine than your bladder can hold.

Bladder capacity / instability - The bladder is like a 'stretchy bag' which stores the urine produced by your kidneys. Some children who wet the bed have a small bladder with a low capacity that holds less than the average amount of urine so they may need to pass urine more often. In some people the bladder may contract as it is filling with urine once again resulting in wetting before it is full to capacity. This problem is known as an overactive bladder.

Difficulty waking - Some children are not able to wake up when their bladder is full and so when it empties, they wet the bed. However, difficulty waking does not cause bedwetting alone and is normally present with one of the other problems.

2. Is there treatment available?

Yes. Quite a number of children become dry just by having the cause of the problem explained to them, however specific treatments for bedwetting are available. It is important to consult a health professional to ensure the correct diagnosis is made and so the appropriate treatment programme may be advised.

Treatments include:

Bed/Personal enuresis alarms:

These alarms work by waking the child when they start to wet during the night so they can empty their bladder in the toilet, ultimately sensitising the child to respond quickly and appropriately to a full bladder during sleep. There are two main types of alarm; 'bed alarms' which use a sensor pad under the lower sheet to wake the child and 'body-worn alarms' which use a sensor placed in the underpants.

Bladder retraining:

This is a programme which your doctor or nurse will advise on if appropriate and helps a child improve control of their bladder.

Medication:

- Bladder retraining and bladder relaxant medication

Treatment to improve bladder overactivity requires bladder retraining in combination with a bladder relaxant medication. Bladder retraining can involve increased fluid intake and toilet trips. This helps relax the muscle around the bladder so it doesn't contract and empty before it's full.

- Antidiuretic Medication

This is a medication which, when taken at bedtime, results in decreased urine production during the night and reduces the risk of bedwetting. Your doctor may prescribe this in a tablet or Melt form where appropriate.

3. Why do none of my friends' children wet the bed?

Primary Nocturnal Enuresis (PNE) is a far more common problem than many parents believe. Most children are able to remain dry at night by the time they reach five years old; however if left untreated it can persist so that even at 7.5 years 16 out of every hundred children wet the bed. This means that in a class of 30 pupils 4 or 5 of them could be affected. It is generally more common in boys than in girls.

The severity of the bedwetting varies for children 7.5 years of age:

- 12 children in every hundred wets less than once a week
- 1 child in every hundred wets once per week
- 3 children in every hundred wets twice or more per week

4. Can I tell my child that one day they will stop wetting the bed?

One in six children stop wetting the bed every year, so the chances are they'll stop wetting some time during childhood, even without any treatment or help.

5. What can I do to help my child become dry?

- Firstly, always try to be patient and understanding as they cannot help it (see Q1).
- Try to be positive and praise dry nights when they occur.
- Don't punish them.
- Keep your clinic appointments.
- Ensure they drink enough fluid during the day and in the evening.
- Take them to see a healthcare professional to seek advice.

6. Is there anything I can do to help my child stop wetting the bed when they go to stay with friends or go on school holidays?

It may be of some comfort to know that a lot of children don't wet the bed when they are away from home. This may be because they are more alert when away.

Some medication may help to produce dry nights almost immediately in many children. Your doctor will be able to advise if this is suitable.

7. Should I reduce my child's drinking during the day to help their bedwetting?

Reducing the amount they drink during the day or evenings does not help bedwetting. In fact, more fluids during the day and normal drinking in the evening, is advised. However, remember to avoid drinks containing caffeine in the evening.

It is particularly important not to drink too little during the day and then try to catch up with fluids after school or in the evenings because your child feels thirsty. This drinking behaviour is quite common in children who have bedwetting problems. Equally important, they should not drink extremely large volumes of fluid during the day and evening as this will tend to make the bedwetting worse.