

BEDWETTING – (NOCTURNAL ENURESIS)

The ability to control urinary flow develops at different ages in different children. By age 2, most children know when their diapers are wet. By age 3, most children can postpone urination, and by age 4, many can urinate on command. Girls generally achieve bladder control earlier than boys. Nocturnal enuresis, or bedwetting, is defined as unconscious loss of control at night beyond age 5 for girls and age 6 for boys. Eight percent of 8 year-olds still wet the bed. By age 12, the number is down to three percent, and by age 18, it is down to one percent.

The most important point parents must remember about bedwetting is that children do not wet the bed on purpose. This is beyond their control and is different from daytime training. If your child could stop, he would stop! It is absolutely essential to keep up your child's self esteem and to help him feel good about himself in spite of bedwetting. Children outgrow bedwetting as they mature; about 10-15% of bedwetters become dry at night with each passing year. Although you and your child may get frustrated or discouraged, try to remain positive and supportive.

If your child is comfortable wearing diapers or pull-ups to bed, this is fine. If not, help him wash his pajamas and bedding without embarrassing him. Keep his privacy if he wishes, taking care to avoid discussing his problem with friends.

Evaluation of children with bedwetting involves a careful physical examination and if thought necessary; urinalysis and urine culture. Routine blood chemistry tests for kidney function are sometimes required and more detailed studies are ordered if appropriate for the situation. There are many causes for bedwetting and treatment may be difficult and frustrating for both the child and his parents. There is no evidence that withholding fluids in the evening, waking the child to urinate, or punishing the child results in any significant improvement. Bladders training exercises, star charts, special diets, and hypnosis generally do not offer help.

The amount of urine produced by the kidneys is controlled by a hormone called anti-diuretic hormone or ADH. A small percentage of children with bedwetting do not produce enough ADH and treating them at bedtime with a pill containing ADH may relieve their bedwetting.

Drugs such as imipramine (tofranil) can cause a bedwetter to be dry at night but serious side effects usually limit its use.

Enuresis or bedwetting alarms are devices sewn into the underwear, which wake the child by a bell or buzzer when he passes the first drops of urine. These alarms are best suited for children 8 and over. They are effective for a moderate number of bedwetters. Examples of available bed wetting alarms includes: Wet Stop, Nite Train'r, Nytone Enuretic Alarm, Potty Pager, and Sleep Dry. These can be ordered on the internet.

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