

BED WETTING

What is it? | What causes it? | What to do about it

How common is it?

Bedwetting occurs when a child urinates (pees) during his/her sleep without knowing it, at an age when this would not usually happen. Although most children stop bedwetting between the ages of 5 and 6 years of age, 15 to 20% of kids will continue to wet the bed. Bedwetting is slightly more common in girls than boys.

Types of bedwetting

There are 2 types of bedwetting: primary and secondary. Primary means bedwetting that has been ongoing since early childhood without a break. A child with primary bedwetting has never been dry at night for any significant length of time. Secondary bedwetting is bedwetting that starts up after the child has been dry at night for a significant period of time, at least 6 months.

Enuresis

Bedwetting is also called **nocturnal enuresis**, because it occurs at night while asleep.



When will my child stop wetting the bed?

Most children outgrow bed-wetting. However, it is hard to say when bedwetting will stop. Every child is different. An estimated 200,000 children in Canada wet their beds. One out of five 5-year-olds are affected by this condition. Luckily, bedwetting resolves over time. By age 10, only one in 20 have this problem and 99% of kids are dry by the time they reach their 16th birthday! Some children may be very upset by their problem and even have feelings of personal failure. They may fear sleep-overs and having friends find out about their bed-wetting.





The Bedwetting Gene

The majority of bedwetting is inherited. For three out of four kids, either a parent or a first-degree relative also wet the bed in childhood. Scientists have even located some of the specific genes that lead to delayed nighttime bladder control. (For the record, they're on chromosome 13, 12, and 8.) Most parents who had the same problem communicate it to their kids, which is good, as it helps a kid understand, I'm not alone, it's not my fault.

Signs of a medical problem

If your child has been completely toilet trained for 6 months or longer and suddenly begins wetting the bed, talk to your family doctor. It may be a sign of a medical problem. However, most medical problems that cause bedwetting to recur suddenly have other signs, such as changes in daytime urination, cloudy or pink urine, daytime wetting, poor bowel control, urinating after stress, continuous dampness.

Causes of bedwetting

Genetics only tell part of the story. Researchers have identified a number of factors that likely contribute to bedwetting. All of these are debated, but each probably plays a role in some children:

Delayed bladder maturation. Simply put, the brain and bladder gradually learn to communicate with each other during sleep, and this takes longer to happen in some kids.

Biology. Most bedwetting children are simply delayed in developing the ability to stay dry and have no other developmental issues. For example, their body might just be a little slow at recognizing what a full bladder feels like, but as they age, they get better and better at correctly identifying this sensation. Some bedwetting children do not produce enough anti-diuretic hormone (ADH). The body normally increases ADH levels at night, signalling the kidneys to produce less urine. This hormonal change might be a little slow to develop for some kids. Conversely, a small number of children might wet the bed due to urinary tract abnormalities, like a small bladder or improper function of the valve (sphincter) that controls the flow of urine.

Deep sleepers. Families have been telling their doctors for years that their children who wet the bed sleep more deeply than their kids that don't. Research confirms the link. Some of these children sleep so deeply, their brain doesn't get the signal that their bladder is full.

Smaller "functional" bladder. Although a child's true bladder size may be normal, during sleep, it sends the signal earlier that it's full.

Constipation. Full bowels press on the bladder, and can cause uncontrolled bladder contractions, during waking or sleep. Once kids are toilet trained, parents often don't know how often a child is going. They are out of the 'poop loop.'

Physicians don't diagnose primary nocturnal enuresis (the medical term for bedwetting) until age 6. It's an arbitrary cutoff -- after all, 12% of children wet the bed at that age. **It's really only a problem when either the child or the parents start to think so.**

What you can do to help

- Reassure your child, especially if your child is upset. You need to be patient and understanding.
- Try a night-light. It may be useful for children who often wake up during the night, either to go to the toilet or to change their pyjamas.
- Encourage a good night's sleep. A restful sleep without interruptions is best for your child. Waking your child to go to the toilet during the night will not help solve the problem.
- Try absorbent pads. The pads go under the bottom sheet to keep the bed drier and more comfortable.
- Shower or bathe your child before you let them go to pre-school or school. The smell of urine is very strong and can hang around. This may make your child feel embarrassed and lead to other problems, such as teasing and name-calling at school.
- Encourage your child to have plenty to drink, particularly during the day.
- Discourage your child from drinking caffeinated drinks in the evenings.



Bedwetting

Treatment of bedwetting

Limiting fluid before bedtime—By itself, this rarely works. Reasonable limitation of fluids, especially drinks that have caffeine, such as colas, helps in a few cases.

Waking the child at set times during the night—Some families find it helpful to wake the child once or twice at night to go to the bathroom. This may help keep the bed dry but rarely helps a child to stop bed-wetting.

Special exercises to stretch or condition the bladder—These are usually not successful. These should never be used if your child wets during the day or usually has to rush to go to the bathroom.

Moisture alarms—These alarms often can help the child learn to feel when the bladder is full and when wetting is just about to happen. The alarm consists of a moisture-sensing device attached to the pyjamas that wakes the child with a loud signal or vibrating alarm. However, bedwetters do not always wake up to the alarms, which supports the idea that many of these children have a problem waking up when their bladders are full. As long as someone is sure the child wakes up, the alarm may be successful. While it may take several weeks or months for the child to stay dry on his or her own, moisture alarms have the highest long-term success rate!

Medications—Several different types of medications have been widely used to treat bed-wetting. Medicines may have some side effects. Speak to your doctor about whether these medicines would be right for your child. Your doctor may recommend a combination of medications and other treatment methods. Not all children respond to these medications. DDAVP (Desmopressin) has been found to be a safe and generally effective medication for controlling bedwetting in 25 to 65% of children over the age of 6 years. DDAVP mimics the body's natural hormone that causes the kidneys to conserve body water and concentrate the urine, decreasing urine output during sleep.

Hypnotherapy—Limited studies have shown that hypnotherapy helps some children. Further scientific study is needed in this area.

Herbal, acupuncture and chiropractic therapies—There is no scientific proof that these therapies work.

Adapted by Dr. Kate Aubrey from the American Academy of Pediatrics.