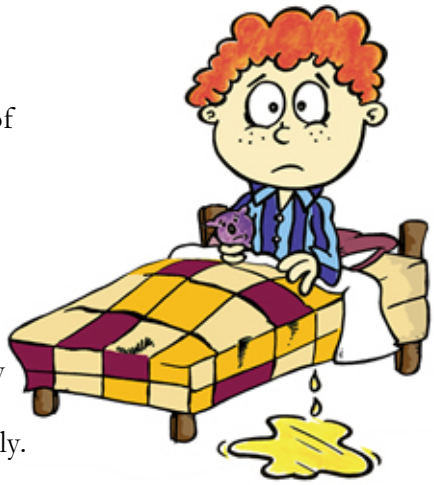
Bedwetting (nocturnal enuresis)

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.



Bedwetting is also called nocturnal enuresis, because it occurs at night while asleep. Unintentional urination that occurs during the day *and* at night is called diurnal enuresis. Diurnal wetting is much less common than bedwetting only.

Nocturnal enuresis is considered *primary* when a child has not yet had a prolonged period of being dry. Dryness is typically achieved by 5 years of age; but if not, the child may be diagnosed as having primary nocturnal enuresis (PNE). It is estimated that between 5 and 7 million children and adolescents in the United States have PNE. Luckily, PNE resolves over time, and 99% of kids are dry by the time they reach their 16th birthday! *Secondary* nocturnal enuresis (SNE) is when a child or adult begins wetting again after having stayed dry, and is much less common than PNE.

What causes bedwetting?

- **Genetics:** Interestingly, bedwetting runs in families! It is estimated that if both the child's parents used to wet the bed, the child has a 77% chance of also wetting the bed. If only one of the child's parents wet the bed, the child has about a 44% chance of developing enuresis.

- **Sleep:** Bedwetting may be related to deep sleep. A child may not wake up when his bladder is full because he is such a deep sleeper. Many parents of children who wet the bed report that their children sleep more deeply and are more difficult to wake up than other children.

- **Biology:** There are a number of biological factors that are related to bedwetting. 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, signaling 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 from the bladder.

- **Constipation:** Chronic constipation can cause bedwetting. When constipated, the rectum can put pressure on the bladder, placing children at risk of wetting the bed while asleep. Due to the large stool mass pressing against the bladder, children often do not feel the sensation of having to urinate, leading to both daytime and nighttime enuresis.

- **Psychology:** People used to think that bedwetting was related to psychological issues (e.g., sexual abuse). While emotional trauma may be related to SNE (a return to bedwetting), it is very rarely a cause of PNE.

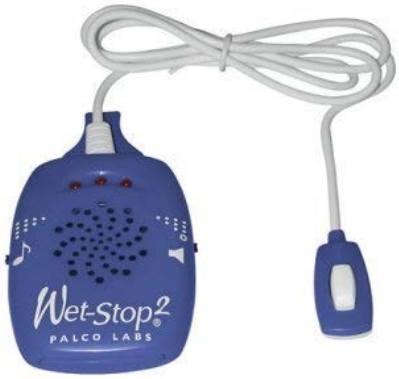
How is bedwetting treated?

There are a number of treatment and management options for bedwetting. Although some treatments have better success rates than others, the treatment that will be best for your child will depend on his/her individual situation and what works best for your family. Before you begin treatment, your doctor may want to do some tests to rule out any physical causes, or to investigate if there are any contributing factors to the bedwetting (e.g., constipation). A psychologist is part of the team assisting in the management philosophy that parents will adopt for their individual child.

Treatment options with high success rates

- **"Wait and See" approach:** Since almost all children outgrow bedwetting, your doctor may recommend waiting to initiate treatment to allow the child's body to "catch up." Waiting, however, may not be realistic for some families, particularly if the bedwetting is impacting the child's self-esteem.

- **Urine alarm:** Urine alarms are considered a useful and successful way to treat bedwetting. The alarm is an electronic device that is triggered by moisture. When the child first begins to urinate the sensor will detect the moisture and trigger the alarm. Typically, the moisture sensor is worn by the child in his/her underwear or pajamas and is attached to the alarm unit that can be worn under the shirt. Urine alarms have been found to have a success rate of 70 to 90%, when used correctly. They work by teaching children to respond to the sensation of a full bladder by waking and using the toilet. This treatment requires a supportive and helpful family and may take many weeks or even several months to work. Moisture alarms have good long-term success and fewer relapses than medications.



- **Medication:** Medication may be prescribed to help control bedwetting, particularly if other treatment options were ineffective or not feasible. 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. Some tricyclic antidepressants have also been found to be effective for treating bedwetting, but due to side-effects, they are generally only used when all other interventions have been ineffective.

- **Chiropractic:** Chiropractics for bedwetting works by decreasing pressure on the nerves that control the bladder. Research has indicated that this is a promising intervention, particularly for children who have bladder abnormalities.

- **Hypnosis:** Hypnosis has been found to be an effective alternative form of treatment for bedwetting. By practicing hypnosis on a repeated basis, the brain is "re-programmed" so that the child will be able to respond to a full bladder while asleep the same way he or she does while awake.

Article by Kate Aubrey, PhD

Psychologists can work with a team including medical professionals to provide behavioral strategies for parents and rule out psychological contributors or hardships that can come from bedwetting. At Kelowna Professional Group we help your child to feel at ease and enjoy the visit and we help you as a parent to understand the situation and facilitate the appropriate treatment and favorable adjustment of your child.

Dr. Heather McEachern