



BED-WETTING (ENURESIS)

What is the cause of enuresis?

Most children who wet the bed have inherited small bladders, which cannot hold all the urine produced in a night. In addition, they are deep sleepers who don't awaken to the signal of a full bladder. Their kidneys are normal. Physical causes are very rare.

Measure your child's bladder size to help you understand how important it is for him to get up at night. Do this by having your child hold his urine as long as possible on at least 3 occasions. Have your child urinate into a container reach time. Measure the amount of urine in ounces. The largest of the three measurements can be considered your child's bladder capacity. The normal capacity for children is 1 or more ounces per year of age.

How long does it last?

Enuresis is considered normal until at least age 6. Most children overcome the problem by age 10. Even without treatment, all children will eventually get over it.

How can I help my child?

- **Encourage your child to get up to urinate during the night**

This advice is more important than any other. Tell your child at bedtime, "Try to get up when you have to pee."

- **Improve access to the toilet**

Put a night light in the bathroom. If the bathroom is at a distant location, try to put a portable toilet in your child's bedroom.

- **Encourage daytime fluids**

Encourage your child to drink a lot during the morning and early afternoon. The more your child drinks, the more urine your child will produce, and more urine leads to larger bladders.

- **Discourage evening fluids**

Discourage your child from drinking a lot during the 2 hours before bedtime. Give gentle reminders about this, but don't worry about normal amounts of drinking. Avoid any drinks containing caffeine.

- **Empty the bladder at bedtime**

Sometimes the parent needs to remind the child. Older children may respond better to a sign at their bedside or on the bathroom mirror.

- **Take your child out of diapers or Pull-Ups**

Although this protective layer makes morning clean-up easier, it can interfere with motivation for getting up at night. Use Pull-Ups selectively for camping or overnights at other people's homes. Use them only if your child wants to use them. They should rarely be permitted beyond age 8.

- **Protect the bed from urine**

Odor becomes a problem if urine soaks into the mattress or blankets. Protect the mattress with a plastic mattress cover.

- **Include your child in morning clean-up**

Including your child as a helper in stripping the bedclothes and putting them into the washing machine provides a natural dis-incentive for being wet. Older children can perform this task independently. Also, make sure your child takes a shower each morning so that he/she doesn't smell of urine at school.

- **Respond positively to dry nights**

Praise your child on mornings when he wakes up dry. A calendar with gold stars or happy faces for dry nights may also help.

- **Respond gently to wet nights**

Your child does not like being wet. Most bed-wetters feel quite guilty and embarrassed about this problem. They need support and encouragement, not blame or punishment. Siblings should not be allowed to tease bed-wetters. Your home needs to be a safe haven for your child. Punishment or pressure will delay resolution of this problem and cause secondary emotional problems.

When your child reaches age 6:

Follow the previous recommendations in addition to the guidelines given below:

- **Help your child understand his goal**

The key to becoming dry is to learn how to self-awaken every night and find the toilet. Help your child assume responsibility for doing this. Remind your child, “only you can solve this.”

- **Have a bedtime pep talk about self-awakening**

To help your child learn to awaken himself at night, encourage him to practice the following routine at bedtime:

- 1) Lie on your bed with your eyes closed
- 2) Pretend it's the middle of the night
- 3) Pretend your bladder is full
- 4) Pretend you feel the pressure
- 5) Pretend your bladder is trying to wake you up
- 6) Pretend your bladder is saying, “Get up before it's too late”
- 7) Then run to the bathroom and empty your bladder
- 8) Remind yourself to get up like this during the night

- **Daytime practice of self-awakening**

Whenever your child has an urge to urinate and you're at home, have him go to his bedroom rather than the bathroom. Have him lie down and pretend he's sleeping. Remind him this is how his bladder feels during the night when it tries to awaken him. After a few minutes, have him go to the bathroom and urinate.

- **Parent-awakening**

If self-awakening fails, use parent-awakening to teach your child the correct goal: urinating into the toilet during the night. (It makes more sense than putting him back into Pull-Ups and having him urinate in bed every night - the wrong goal.) Your job is to wake your child up; his job is to locate the bathroom and use the toilet. You can awaken him at your bedtime. Try a hierarchy of prompts (the minimal one being the best), ranging from turning on a light, saying his name, touching him, shaking him or turning on an alarm clock. If your child is confused and very hard to awaken, try again in 20 minutes. Once he's awake, he needs to find the bathroom without any assistance or guidance. When he awakens quickly to sound or touch for 7 consecutive nights, he's either cured or ready for an enuresis alarm.

- **Encourage changing wet clothes during the night**

If your child wets at night, he should try to get up and change clothes. First, if your child feels any urine leaking out, he should try to stop the flow of urine. Second, he should hurry to the toilet to see if he has any urine left in his bladder. Third, he should change himself and put a dry towel over the wet part of the bed.

The child who shows the motivation to carry out these steps is close to being able to awaken from the sensation of a full bladder.

When your child reaches age 8:

Follow the previous recommendations. Talk to your healthcare provider about using enuresis alarms or medications as well.

- **Bed-wetting alarms**

Alarms are used to teach a child to awaken when he needs to urinate during the night. They go off when they become wet. One type awakens your child with a loud noise, the other type with an annoying vibration. They have the highest cure rate (~70%) of any available approach. They are the treatment of choice for any bed-wetter with a small bladder who can't otherwise train himself to awaken at night. Children using alarms still need to work on the self-awakening program.

- **Alarm clock**

If your child is unable to awaken himself at night and you can't afford a bedwetting alarm, teach him to use an alarm clock. Set it for 3-4 hours after your child goes to bed. Put it within arm's reach. Encourage your child to practice responding to the alarm during the day while lying on the bed with eyes closed. Have your child set the alarm each night. Praise your child for getting up at night, even if he isn't dry in the morning.

- **Medicine**

Some bed-wetters need extra help with staying dry during slumber parties, camping trips, vacations, and other overnights. Some take an alarm clock with them and stay dry by awakening once at night. Some are helped by temporarily taking a drug at bedtime. One drug decreases urine production at night; it is safe if taken as directed. Another drug temporarily increases bladder capacity; it is safe at the correct dosage but very dangerous if too much is taken.

If you do use a medicine, be careful about the amount you use and where you store the drug, and be sure to keep the safety cap on the bottle. These drugs do not cure bed-wetting, but they control it while the child works on using an alarm and learning to get up at night.

When should I call my child's healthcare provider?

Call during office hours if:

- Urination causes pain or burning
- The stream of urine is weak or drably
- Your child also wets during the daytime
- Your child also drinks excessive fluids
- Bedwetting is a new problem (your child used to stay dry)
- Your child is over 12 years old
- Your child is over 6 years old and is not better after 3 months of following this treatment program