

# Bed-wetting (enuresis)

## What is nocturnal enuresis (bed-wetting)?

It refers to bed-wetting at night in children (or adults) at a time when control of urine could be reasonably expected.

## What is normal?

Bed-wetting at night is common in children up to the age of 5. About 50% of 3-year-olds wet their beds, as do 20% of 4-year-olds and 10% of 5-year-olds. It is considered a problem if regular bed-wetting occurs in children 6 years and older, although many boys do not become dry until 8 years. Bed-wetting after a long period of good toilet training with dryness is called *secondary enuresis*.

## What causes it?

There is usually no obvious cause, and most of the children are normal in every respect but seem to have a delay in the development of bladder control. Others may have a small bladder capacity or a sensitive bladder. It tends to be more common in boys and seems to run in families. Most bed-wetting episodes occur in a deep sleep, and so the child cannot help it. The cause of secondary enuresis can be psychological; it commonly occurs during a period of stress or anxiety, such as separation from a parent or the arrival of a new baby. In a small number of cases there is an underlying physical cause, such as an abnormality of the urinary tract. Diabetes and urinary tract infections may also be responsible. It does tend to run in families.

## Should the child be checked by your doctor?

Yes; this is quite important, as it will exclude the rare possibility of any underlying physical problem (such as a faulty valve in the bladder) that might cause bed-wetting.

## How should parents treat the child?

If no cause is found, reassure the child that there is nothing wrong, and that it is a common problem that will eventually go away. There are some important ways of helping the child adjust to the problem.

- Do not scold or punish the child.
- Praise the child often, when appropriate.
- Do not stop the child drinking after the evening meal.
- Do not wake the child at night to visit the toilet.
- Use a night light to help the child who wakes.
- Some parents use a nappy to keep the bed dry, but try using special absorbent pads beneath the bottom sheet rather than a nappy.
- Seek advice about mattress protection.
- Make sure the child has a shower or bath before going to kindergarten or school.

## When should you seek professional help?

Seek help if there is:

- continued bed-wetting by children aged 6 or 7 years that is causing distress
- ongoing wetting during the daytime
- bed-wetting starting after a year's dryness.

## What are the treatment options?

Many methods have been tried, but the bed-wetting bell and pad alarm system is generally regarded to be the most effective. If the child has emotional problems, counselling or hypnotherapy may be desirable. Drugs can be used and may be very effective in some children, but they do not always achieve a long-term cure and have limitations.

An agent called desmopressin (Minirin), which is sprayed into each nostril at night, seems to be very effective if the alarm system is ineffective.

Bed-wetting clinics are available in major centres.

## The bed alarm

There are various types of alarms: some use pads in the pyjama pants and under the bottom sheet, but recently developed alarms use a small bakelite chip, which is attached to the child's briefs by a safety pin. A lead connects to the buzzer outside the bed, which makes a loud noise when urine is passed. The child wakes, switches off the buzzer and visits the toilet. This method works well, especially in older children.

### Key points

Bed-wetting:

- is not the child's fault
- rarely has an emotional cause
- gets better naturally
- nearly always clears up before adolescence
- requires a gentle, non-interfering approach
- responds well to an alarm from 7 years.

