

## BEDWETTING

Bedwetting, or enuresis, is the uncontrolled, involuntary passage of urine during sleep. It occurs in 40% of children at age 3, 30% at age 4, 20% at age 5, 10% at age 6, 3% at age 12, and 1% at age 18.

### Causes:

Staying dry at night is a difficult task. Some children take longer to master it than others. As you can see from the percentages above, almost all children will eventually "outgrow it". Those children who take the longest often have poor bladder control that seems to be inherited. Often one parent or another close relative had a similar problem as a child. Most of these children are delayed in their sleep-arousal pattern. In other words, they are very deep sleepers and haven't yet developed the ability to be awakened by the feeling of a full bladder.

Physical causes, such as bladder or kidney infections, diabetes, malformations of the urinary system, nervous system problems, or emotional problems are all rare. Your doctor can make sure that none of these exist during your child's physical exam and with a urinalysis.

### Treatment

#### I. All Ages

1. Restrict fluids for two hours prior to bedtime.
2. Always have him urinate at bedtime.
3. Diapers or "pull-ups" should be discontinued when you are ready to try and stop the bedwetting. They make the child "feel like a baby" and take away motivation. You may want to place a dry towel under his buttocks. If you have tried the suggestions here without success, go ahead and let him use the pull-ups until he is a bit older and you are ready to try again.
4. Protect the bed: Use a plastic mattress cover or washable vinyl mattress pad. Protect the blankets by putting a sheet of plastic between the top sheet and the blanket.
5. Involve your child in the logical consequences of the problem. When sheets, bedding, or pajamas need changed and laundered, the child should do as much as his age and abilities will allow. Three to four year olds can undress, help you remove wet bedclothes, and help make the bed. Five to eight year olds can get the bedding and pajamas to your laundry area and make the bed themselves. Older children may even be able to do the laundry themselves. Children should be responsible for showering or bathing after a wet night, so that their peers don't notice the odor. Remember, the problem is not his fault, but it is his problem.
6. Rewards for dry nights: Dry mornings should always receive some positive recognition including lavish words of praise and a hug. A calendar with gold stars, stickers, etc. for dry nights may also help. For the older child, giving a special treat (like special time with a parent to go for ice cream, a movie, video games, etc.) can be given when the child reaches a predetermined goal (e.g. 4 nights out of 7 dry).
7. Respond gently to accidents: Most bedwetters already feel guilty. Blame and punishment only make him feel worse and may cause him to give up or to develop emotional problems. Siblings should not be allowed to tease him, nor is there any need for those outside the immediate

family to know about his bedwetting.

## II. *Children Over Age Six*

1. Stream interruption exercises: Whenever he urinates, have him stop his urine flow when he is only half- way done. He should then count to ten and then finish urinating. This exercise helps him to develop better control over his bladder sphincter (the valve that lets urine out).
2. Self-hypnosis: Every evening when the child gets into bed, he should go through the following exercise. Tell him to:
  - Lie on your bed with your eyes closed.
  - Pretend it's the middle of the night.
  - Pretend your bladder is full.
  - Pretend it's starting to hurt.
  - Pretend it's starting to wake you up.
  - Pretend it's saying: "Get up before it's too late."
  - Run to the bathroom and empty your bladder.
  - Get back in bed, and remind yourself to do this during the night.
5. Bedwetting alarm: These work by a small sensor attached to the child's underwear that sounds an alarm or vibrates to awaken him with the first drops of urine. Eventually, he will be conditioned to awaken in time to stop before he urinates in bed. At this point, the alarm is no longer needed. When used in the older child, they have about a 70% success rate. Popular brands are Wet-Stop (1-800-346-4488), SleepDry (1-800-346-7283) and Potty Pager (1-800-497-6573), and are available in local pharmacies or by mail, and cost between \$50-\$100.
6. Medication: Infrequently, in older children who have failed the alarm, drugs may be tried. These are rarely curative, i.e. they may work well when he takes the medicine, but when the drug is stopped, the bedwetting resumes. These are often used for special occasions, such as vacations, camp, or sleeping over at a friend's home, but most parents and pediatricians avoid daily long-term use.

### **Conclusion:**

There is really nothing bad about bedwetting; it's just a temporary inconvenience. The washing machine does not mind, nor do the sheets. Even with no treatment, almost all children eventually get over it, and with the above suggestions, you can usually hasten the process. Good luck and hang in there!