

Bedwetting (Nocturnal Enuresis)

What is bedwetting?

Bedwetting (nocturnal enuresis) is the involuntary nighttime release of urine by children older than 6. Almost all children who wet the bed have always wet the bed. Some children may have periods of nighttime dryness and then start wetting again.

How common is it?

Wetting the bed is a common problem. Bedwetting affects about 1-2 out of every 100 teens. It occurs more often in boys than girls. Between the ages of 6-12, nighttime wetting is a variation of normal development.

What causes bedwetting?

The cause is not known. There are many factors that may play a role in bedwetting. Wetting the bed often runs in families. If one or both parents wet the bed when they were children, there is greater chance that their child will wet the bed. However, some children wet the bed even if neither parent did.

Although children who wet the bed are very deep sleepers, this is not a sleep disorder. It is not known why children who wet the bed do not wake up when their bladders are full. This may be because the arousal center of the brain is slow to mature.

Diet can play a role. For instance, we know that caffeine irritates the bladder. It also causes more urine to be produced. Constipation and infrequent bowel movements will also play a role in nighttime bedwetting.

A large amount of stool in the rectum will push on the bladder. This will make the bladder smaller and make it contract before it is full.

Wetting the bed is not a sign of a mental problem. Children who wet the bed are not lazy or bad. They have little control over this problem. They should not be punished. With patience, knowledge, and positive reward for success, bedwetting can be managed and controlled.

How is bedwetting treated?

Bedwetting may be treated by using conservative measures, alarm therapy, medicines or a combination.

Less Fluids in the Evening

Your provider will talk with you about conservative measures that may help slow down or stop bedwetting at night.

Conservative measures we advise include:

- Limiting caffeine intake. Caffeine can irritate the bladder and make bedwetting worse.
- Restrict fluids for 1-2 hours before bedtime. This helps reduce the amount of urine produced overnight.
- Having your child urinate twice before going to bed. This helps completely empty the bladder before going to bed.
- Having the parent/guardian who is up last should take your child to the bathroom one last time.

Alarm Therapy

Alarm therapy has a good success rate for many children. A child wears the alarm at night. A small clip is attached to their underwear. When a child begins to wet, the alarm goes off. This treatment needs a commitment from both the family and child. At first, the alarm will wake up an adult who will need to assist the child with getting to the bathroom and then back to bed. The alarm may have great success, but may take up to 4 – 6 months to work. Most insurance companies will not cover a bedwetting alarm.

Medicine

Your provider may suggest a trial of medicine to control bedwetting. DDAVP (desmopressin acetate) is a form of a hormone made in the body. Less urine is produced at night. This medicine works well to decrease or improve bed wetting but may not work for all children. There can be major risks to your child's health if they cannot follow instructions for the medicine. Your child must restrict fluid intake 2 hours

before taking DDAVP. They may take the medicine with no more than 4 oz of water. The medicine should not be given if your child is ill.

What do I do if I have more questions?

Call the Pediatric Urology Clinic between the hours of 8 – 4:30, Monday – Friday at **(608) 263-6420**.

If you live out of the area, call **1-800-323-8942**. Ask for the Pediatric Urology Clinic.

For More Information

The websites listed below may provide more information about bedwetting, as well as how to order a bedwetting alarm.

The Bedwetting Store
www.bedwettingstore.com

Medication for Bedwetting – DDAVP by
Aventis
www.drynights.com

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6103