



# BEDWETTING IN CHILDREN

- **Bedwetting is very common in young children**
- **There are many possible causes**
- **It is not the child's fault and is not a behavioural problem**
- **Most children outgrow it**
- **Consider treatment if it persists after the age of 6**
- **The medical term is enuresis**

## 1. How common is it?

It is very common. Most children need to wear a nappy or protective pants at night to avoid wetting their bed up until at least age five. At four years of age nearly one in three children wet, and this falls to about one in 10 by age six. Some teenagers wet the bed too. This is especially common if a parent or other close family member wet their bed at this age as well.

## 2. What causes it?

There are a number of causes of bedwetting (or enuresis). We don't know all of them.

- Some children wet the bed due to being in deep sleep. They do not wake up to go to the toilet in time.
- Other children have smaller bladders that cannot hold onto a lot of urine overnight.
- Some children don't make enough of a hormone called Anti-Diuretic Hormone, known as ADH. This hormone helps to concentrate urine overnight. Children who don't make enough ADH have a lot of dilute urine and so wet the bed.
- Children with constipation may have problems with bedwetting. They may have problems with daytime wetting too.
- Bedwetting can run in families, but we have not yet found the gene that 'causes' bedwetting.

- In rare cases, there is an underlying medical cause. So always have your child checked by a medical doctor before you start any treatment.

Bedwetting is NOT due to underlying behavioural problems. Never scold or punish a child for bedwetting. They are asleep when it happens and cannot help it.

## 3. Will my child grow out of it?

Yes, most children grow out of bedwetting. But, from the age of 6 years there are treatments that you may want to consider. This is especially so if your child feels shame about their bedwetting. It can also be a problem for children who want to sleep over at a friend's house.

## 4. What treatments are there?

The treatment which seems to work best is the pad and alarm. There are many types on the market and some hospitals and pharmacies hire them out. They work through a pad that senses when your child starts to wet the bed. This then sounds an alarm to wake up your child (and the whole family!). Your child then needs to get up, turn the alarm off, go to the toilet, empty their bladder, go back to bed and re-set the alarm. It is VITAL that your child takes control and does these steps for himself/herself. If you do it instead, it will take longer for the child to learn to wake when he/she starts to pass urine. You may need to help



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your child through these steps for the first few nights. But then he/she should be able to manage the steps themselves.

Most experts suggest using the alarm until your child has had 14 dry nights in a row. After 7 dry nights, some of them suggest 'over learning' i.e. increasing how much fluid your child drinks in the evening for 7 nights. This makes sure they are ready to stop using the pad and alarm.

Reward your child (e.g. with stamps, stickers) when they get up and go to the toilet. The pad and alarm treatment may take up to 12 weeks to work, so this will help them stay motivated during that time.

A synthetic form of ADH is also available. This is mostly used for short overnight stays (see below) or if the pad and alarm treatment fails.

## 5. Some useful tips

- Make sure your child drinks plenty of fluid spread evenly all through the day. There is NO evidence that you can help them get dryer sooner if you limit their fluid intake – it may even be a bad thing!
- Don't give drinks with caffeine (e.g. coffee, hot chocolate, Coca-Cola) late at night.
- Try to have your child wear a pyjama top or nightie and no bottoms during the process. In this way the alarm will sound as soon as they start to pass urine.

## 6. What can I do for short overnight sleepovers e.g. school camps?

This is where drugs can help. DDAVP is a man-made form of ADH. It works by substituting for the natural hormone. It comes in a tablet, nasal spray and wafer form.

DDAVP is safe as long as you do two things. The first is to stay within the suggested dose. The second is not to have too much to drink in the evening after dinner.

DDAVP can work quickly. Some children will be dry after the first night. Many doctors suggest using DDAVP for 3 months, and then taper it off to see if the child can stay dry without it. If your child starts bedwetting when you stop the drug, they may need to start again. Talk to your doctor about this.

## 7. Where can I find out more about bedwetting?

[http://raisingchildren.net.au/articles/bedwetting\\_\(cyh\).html](http://raisingchildren.net.au/articles/bedwetting_(cyh).html)

For information on over 60 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at [www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au). The underlined topics in this article are covered in detail there.



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