

Bedwetting in children

Has your family got a secret? If your child's bedwetting has got him too embarrassed to sleep over at a friend's house and you're stripping soiled sheets at three in the morning, you're not alone. Here's what you need to know about the causes of this common condition, tips for talking to your child about bedwetting and expert advice for helping him stay dry at night.



What is bedwetting? Enuresis is the medical name for bedwetting, which is a fairly common problem among children. Approximately 5 to 7 million kids (more often boys) in the United States are wet at night, says Washington, D.C. pediatrician Howard Bennett, author of *Waking Up Dry* (American Academy of Pediatrics, 2005). "It's a hidden problem of childhood because people tend not to talk about it outside of the home, so most kids think they're the only ones with the problem."

In most cases, there is no medical cause for bedwetting. "It's just a delay in maturation in the way the brain and bladder communicate with each other at night," says Dr. Bennett. Most children achieve bladder control by age 6 and outgrow bedwetting without treatment: twenty percent of kids wet the bed at age five and that number drops to 12 percent by age six. Pediatricians don't define bedwetting as a problem until children are six years old.

Bedwetting Causes: myths

- **Bedwetters are lazy.** This is not only inaccurate; it's destructive, says Dr. Bennett, because it can make a child feel bad about him or herself. Bedwetting is not something a child can consciously control.
- **Drinking too much before bedtime causes bedwetting.** While limiting the amount of liquids before bed may help control the volume of bedwetting, fluid intake doesn't cause bedwetting.
- **Bedwetters have psychological problems.** "In most cases this is not true. In a child who has always been wet at night, bedwetting is not psychological," says Dr. Bennett. "Bedwetting can affect a child's self-esteem so psychological problems can result from it but generally they don't cause it." However, emotional issues, such as the death of a loved one or moving to a new city may cause bedwetting in a child who has been dry.
- **Using diapers at night will delay the natural resolution of bedwetting.** Wearing youth diapers will keep a child from waking up wet and cold—and mom and dad from having to change sheets in the night—and will not keep a child from outgrowing bedwetting on his own, says Dr. Michael Erhard, chief of urology at

Bedwetting Causes: facts

- It's in the genes: three out of four kids who are bedwetters have a family history of bedwetting.
- Bedwetters have difficulty waking up from sleep so they don't respond to the internal signal to urinate.
- Some children who wet at night have a bladder that is not anatomically small but is functionally small, which means they get a sense that it's full before it is and therefore have the urge to urinate.
- Some bedwetters produce insufficient amounts of the hormone that tells the kidneys to make less urine while we sleep; as a result they make more urine.
- Underlying medical causes of some cases of bedwetting include urinary tract infections, constipation, diabetes and spinal cord abnormalities. Except for constipation, medical causes are rarely the cause of bedwetting and can easily be ruled out by seeing the child's doctor.



How to Talk to Your Child about Bedwetting:

Don't voice disapproval. "Research shows that as many as 25 percent of parents punish a child or show significant disapproval for bedwetting because they think it's the child's fault," says Dr. Bennett. "But punishment will only make it worse. It's frustrating for parents to deal with wet beds and sheets and extra laundry, but don't communicate how frustrating it is to your child." Instead, be matter-of-fact, relaxed and reassuring.

Stamp out shame. Help your child overcome her embarrassment about bedwetting by explaining that it's a common medical problem among children, not her fault and nothing to be ashamed of, says Dr. Bennett.

Talk about the family tree. Telling your child that bedwetting has a genetic component will likely make



her feel better. “Kids feel less bad about themselves if they know a relative had a bedwetting problem,” says Dr. Bennett.

Your doctor will want to know if you have a family history of bedwetting and will ask other questions to rule out some of the uncommon medical causes of the condition. She’ll want to know about your child’s bowel habits since constipation or large infrequent stools can affect the bladder function. She may also ask about your child’s gait and any leg weakness to rule out a spinal cord problem.

All children who wet the bed should have a urine test, says Dr. Bennett. “We screen the urine to make sure there are no signs of diabetes. We also want to make sure there is no urinary tract infection which would need to be treated.” Once underlying causes are ruled out, your doctor will discuss bedwetting treatment options, such as behavioural changes (See [Dealing with bedwetting](#)).

Be sure to speak up at the appointment. “Although parents would like to talk about bedwetting with their child’s doctor, most feel uncomfortable initiating the conversation and more than half the time at routine checkups, doctors don’t even ask,” says Dr. Bennett. “If a child is wetting after having been dry or after age 5, parents should ask their doctors because there are things we can do.”

Dealing with Bedwetting: Behavioral changes

Ward off wetness. If a child is a bedwetter but not yet ready to work on resolving it, parents should take measures to keep her—and the bed—dry. So try pull-ups at night and encase the mattress with a waterproof pad. Youth diapers are also a great idea for sleepovers.



Limit liquids. Make certain your child doesn’t drink a significant amount of fluid for about two hours before bed, suggests Dr. Erhard. Limit the intake of carbonated and caffeinated drinks and foods, such as chocolate, throughout the day because they may increase urine production.

Observe bathroom behavior. “Make sure your child pees before bed—and doesn’t just say he did,” says Dr. Erhard. “Simple things like that can really help with the number of times a child wets and the volume with which he wets.” Keeping an eye on number two is also important. “Once children are toilet trained and taking care of their own wiping, parents are out of the poop loop,” says Dr.

Bennett. “Pay attention to your child’s behaviour for three days. If he is having trouble pooping, that’s a clue that a medical problem may be responsible for the bedwetting.”

Set up pee patrol. If a child pays attention to his bladder during the daytime, it can help prevent bedwetting. “The more they drink and pee during the daytime, the more practice

they get,” says Dr. Bennett. “We tell them not to hold back on urination but to pee as soon as their bladder wants to.”

Keep a calendar. On a [calendar](#), have Junior check off when he had a dry night or woke up during the night to pee and reward him with a sticker or star. Once he gets 10 stickers, he’s earned an extra hour at the playground or on the computer. Positive reward systems are helpful and have been proven to work, says Dr. Erhard. While the child can’t consciously control the bedwetting, tracking it and seeing progress will help him stay motivated.

Consider an alarm. “A bedwetting alarm is the best technique you can use to help kids get dry,” says Dr. Bennett. Here’s how it works: a wetness sensor attaches to the underpants via a cord to the alarm unit, which gently buzzes or buzzes and vibrates when a child wets. (Reassure your child that there’s no risk of injury since the alarms are battery-operated devices that run on a small electric charge. Wireless models are also available.) There are a lot of theories as to why the bedwetting alarm is effective, says Dr. Bennett. Generally, though, children become better at responding to the alarm and their wet spots get smaller, which mean they are waking up sooner after the alarm goes off. Then, most children start having dry nights without waking up, possibly because the child’s bladder has been “trained” to hold more urine without spontaneously emptying during the night.



Bedwetting Medications

If behavioural changes don’t stop bedwetting, your doctor may consider medication. The most common is desmopressin (DDAVP), which reduces urine production. “It works better in older children (ages 9-13) but medication doesn’t cure anything. It just controls the symptoms until bedwetting resolves with age,” says Dr. Bennett. “I don’t use medication very often—mostly for sleepovers or camp where the child is concerned about being dry.” If a child drinks too much at night, this medication may cause a drop in sodium levels, which can lead to illness. In rare cases the medication causes seizures.

Bedwetting Solutions:

Is bedwetting an issue in your family? These are steps you can take to reassure your child and help him or her stay dry. Track your child’s progress by downloading these printable calendar pages. These pages make it easy for you to see when, and possibly why, your child has a wet night or a dry night. You can also take the pages to your next doctor’s appointment.

Month #1

Tip: Set a “no teasing rule” in your family and don’t make it a big deal when bedwetting occurs.

Month #2

Tip: Make using the toilet and avoiding drinking large amounts of liquid part of your child’s bedtime routine.

Month #3

Tip: Be sensitive to your child’s embarrassment over bedwetting. Don’t make them go on sleepovers or to sleep-away camp if they don’t feel comfortable.

Month #4

Tip: Talk to your pediatrician to find out if he has any additional bladder control techniques your child can employ.

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