Bedwetting (Enuresis)

Pediatric Consultants Associated
Central Alberta Inc
182, 5201 43 Street
Red Deer, Alberta T4N 1C7
Phone: 403-343-6404
Fax: 403-343-6215
www.pediatricconsultants.ca

Overview:

Bedwetting happens when a child pees during sleep without knowing it. Many children will use the toilet well during the day long before they are dry through the night. It can be many months, even years, before children stay dry overnight. Most children, but not all, stop bedwetting between the ages of 5 and 6 years old. Bedwetting is more common in deep sleepers.

What causes bedwetting?

Bedwetting is most often related to deep sleep—the bladder is full, but the child does not wake up. Some children have smaller bladders or produce more urine during the night. Constipation can also lead to bedwetting because the bowel presses on the bladder.

If your child has always wet the bed, has never had 6 months or more of dry nights, and has no daytime bladder symptoms (i.e., child is dry during the day, has no urgency, or frequent need to pee), then there is nothing "wrong" with your child. This type of bedwetting is usually not caused by medical, emotional, or behavioural problems and should resolve with time.

If your child has been dry overnight for at least 6 months and starts to wet the bed again, or if your child experiences related bladder symptoms during the day, talk with your health care provider as there may be an underlying medical problem that needs to be addressed.

Does bedwetting run in families?

Yes. In fact, scientists have discovered a gene for bedwetting. A child with one parent who wet the bed when they were young is 25% more likely to wet the bed than a child who did not have either parent wet the bed as a child. If both parents wet the bed as children, that number rises to about 65%.

When do children outgrow bedwetting?

Most children will outgrow bedwetting on their own over time.

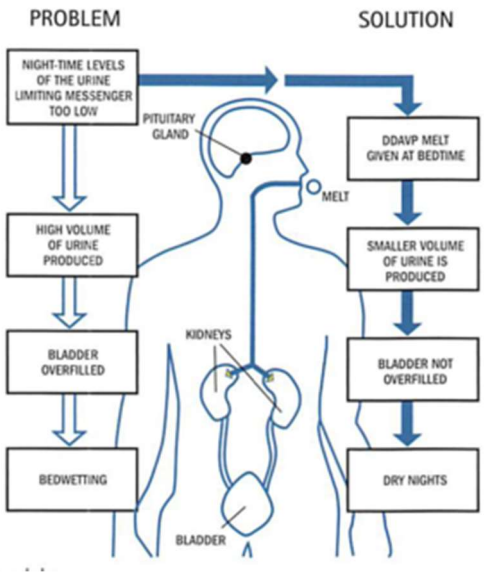
- At 5 years of age, 15% of children wet the bed.
- By 10 years of age, 5% of children wet the bed.
- Without treatment, about 2% of children still wet the bed by 15 years of age.

Does bedwetting need to be treated?

Usually not, unless bedwetting is bothersome for your child. If bedwetting is not upsetting your child, then you probably do not need to seek treatment as most children eventually outgrow bedwetting.

However, by 8 to 10 years of age, bedwetting may start to affect your child's self-esteem or interfere with social activities like sleepovers. If this is the case, you can talk to your health care provider about the following options:

- **An alarm that your child wears at night**. The alarm goes off when your child starts to pee and helps teach them to wake up when they have a full bladder.
    - It's a good idea to talk to your health care provider before you decide to buy an alarm as they can provide advice on how to use it properly.
    - The alarm needs to be used daily over a 6 week to 3-month period to be effective and is only effective in around 50% of cases.
- **Desmopressin acetate (or DDAVP)** is a medication that has been used to treat bedwetting since the 1970s. It comes as an oral melt (a tablet that melts under the tongue) or a pill. Studies show that it works for most children on nights the medication is given. It won't stop bedwetting completely, but it may be useful for special situations, such as sleepovers or camp.



    - Children should not drink water **1 hour before** and **8 hours after** taking DDAVP.
    - DDAVP can have mild side effects, such as headache or stomach pain. It can also have severe side effects if not used properly or if your child has certain medical conditions such as cystic fibrosis or problems with fluid balance. Have a discussion with your child's health care provider if your child has any side effects.
    - Like all medications, DDAVP should only be used as prescribed by your doctor.

Whether you and your health care provider decide to treat the bedwetting or simply wait for your child to outgrow it, be sure that your child knows that **their bedwetting is not a bad behaviour or laziness. DO NOT ever punish your child for bedwetting**. It is not their fault. Your comfort and support are very important.

What else can I do to help my child?

- Make sure your child does not drink too much fluid before bedtime.
- Avoid drinks with caffeine (such as pop).
- Encourage your child to go to the bathroom before bedtime.
- Use training pants instead of diapers.
- Make sure your child can easily reach the bathroom at night. For example, use a night light in the hall or in the bathroom.
- Use a hospital-strength plastic mattress cover to avoid damage to the mattress.
- Place a large towel underneath the bed sheet for extra absorption.
- Do not wake your child up to pee when you go to bed. It does not help with bedwetting and will disrupt your child's sleep.
- When your child wets the bed, help them wash well in the morning so that there is no smell.

Talk to your health care provider if your child:

- is concerned or upset by the bedwetting.
- is having daytime accidents.
- has been dry for 6 or more months and suddenly starts bedwetting again.
- has other symptoms, such as a frequent need to pee or a burning sensation when peeing.