



## Leaflet: Bedwetting (Enuresis)

# Bedwetting (Enuresis)

Bedwetting is common. About 1 in 10 children aged five and 1 in 20 children aged ten are still bedwetters. It is more common in boys. Many parents expect their children aged 3 to be dry at night. Although many children are dry at this age it is common to need nappies at night up until school age. Bedwetting often runs in families.

A child who has never been dry at night has 'primary enuresis'. A child who has had a good period of dry nights but who then develops bedwetting again has 'secondary enuresis'.

## What causes bedwetting?

Physical causes are rare (such as rare disorders of the bladder, urine infections and diabetes). A doctor will usually be able to rule these out by examination and testing a urine sample. In most children there is no specific cause of bedwetting. Things that may contribute in some children include the following.

- ◆ Parents may have false expectations. Some children just develop later in the bladder area than others. This is normal and is not related to intelligence. Although convenient to be dry at 3, the bladder may not be ready for another few years.
- ◆ Times of stress may start up bedwetting again. For example: starting school, arrival of a new baby, illness of the child, family disruptions, etc.
- ◆ Smaller bladder capacity is one theory. Some children with bedwetting tend to go to the toilet more often than average during the day. They tend not to be able to 'hold on' and have more irritable bladders. If this is a cause, it usually eases as the child becomes older.

## Tackling the problem

The following are some general tips that may help.

*Patience* - as mentioned above, if trying without nappies fails at age 3, it may be wise to give up for a while and then try again a few months later. There is no specific treatment for under school age children. Keep trying every few months until successful.

*Nappies* - if you decide 'now is the time' then stop using nappies. Some older children are still put in nappies at night when 'trying' to be dry. This gives no encouragement to the child. The risk is wet beds for a while. Bladder training is usually doomed to failure if nappies are put on. However, in younger children, go back to nappies for a while and then try again at a later date if a trial period without nappies does not work out.

*Explaining to children* - being dry at night needs a child's co-operation. As soon as the child is old enough to understand, a simple explanation on the following lines can be helpful. "The body produces water (wee) all the time and stores it in the bladder. The bladder is like a balloon filling up with water. We open the 'tap' when the bladder gets full. At night when we are asleep the bladder fills up. However, the bladder tap should not go to sleep and should wake us up when the bladder is full."

*Reassurance and love* - children should not be punished for bedwetting. Rather, they should be praised and made a fuss of if any improvement is noticed. Try to be sensitive to any family or school disruption that might be stressful to the child. If bedwetting appears after a period of dryness it may reflect a hidden stress or fear (such as bullying at school, etc).

*Child's responsibility* - when old enough (about age 5 or 6), make it the child's responsibility to help the parent change the sheets if the bed is wet. It may be quicker for parents to do it but many children respond to being given responsibility. It might also give extra motivation to get up out of bed and go to the toilet to avoid wetting and the chore of changing the

might also give extra motivation to get up out of bed and go to the toilet to avoid wetting and the chore of changing the sheets. Try to make it a 'matter of fact' routine with as little fuss as possible.

*Getting up* - be sure there are no hidden fears about getting up at night. For example, fear of the dark or spiders, etc. Try leaving the bathroom light on.

*Drinks* - restricting drinks sounds sensible but may make bedwetting worse. The bladder has to get used to filling up and holding on to urine. If drinks are limited all day then the bladder cannot 'train itself up'. A sensible plan is to give drinks if the child is thirsty in the 2 to 3 hours before bedtime but not to have extra drinks for pleasure such as cans of lemonade. Do not restrict drinks for the rest of the day. 6-8 cups of fluid a day is about the average that children drink.

*Lifting* - it is common practice to 'lift' children several hours after they go to sleep. This is of little use. The child often does not remember being lifted and it usually does not help in achieving their own bladder control.

*Nights away* - a common worry is that staying at friends or relatives will be embarrassing. However, it is not uncommon to find the bedwetting stops for the nights away in a strange bed. A few days away with an understanding relative or friend may result in dry nights. This may be a very positive experience and encouraging for the child.

### *Treatments*

- ◆ Alarm treatment with a pad and bell or similar may be advised. This usually cures co-operative children aged 7 and older. An alarm is usually needed for 3-5 months to condition the child to wake and empty the bladder.
- ◆ Medication may be advised for a time. It usually works well but when it is stopped the bedwetting usually returns. Medication can be useful for short spells such as holidays or to allow a child to recover confidence or where the bedwetting is causing severe family stress.

## **Further help**

Further help, information and advice on all aspects of bedwetting can be obtained from:

ERIC - The Enuresis Resource and Information Centre, 34 Old School House, Britannia Road, Kingswood, BRISTOL, BS15 8DB, Tel: 0117 960 3060, Web: [www.enuresis.org.uk](http://www.enuresis.org.uk)

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