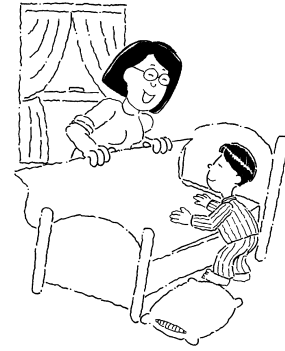


Bed-wetting



Toilet training a child takes a lot of patience, time, and understanding. Most children do not become fully toilet trained until they are between 2 and 4 years of age. While many children at this age are able to stay dry during the day, others may not be able to stay dry during the night until they are older.

Causes of bed-wetting

Although all of the causes of bed-wetting (enuresis) are not fully understood, following are some that are possible:

- Your child's bladder is not yet developed enough to hold urine for a full night.
- Your child is not yet able to recognize when his bladder is full, wake up, and use the toilet.
- Your child is responding to changes or stresses going on at home such as a new baby, moving, or divorce.

All young children occasionally wet their beds while going through nighttime toilet training. Even after your preschooler is able to stay dry at night for a number of days or weeks, she may start wetting at night again. When this happens, don't make an issue out of it. Simply put her back in training pants at night for a while until she is ready to try again. The problem will probably disappear as your child gets older.

Most school-aged children who wet their beds have primary enuresis. This means they have never developed nighttime bladder control. Instead, they have had this condition since birth and often have a family history of the problem. Children who are older when they develop nighttime bladder control often have at least one parent who had the same problem.

If you are concerned about your child's bed-wetting, talk to your pediatrician. He or she may ask you the following questions in order to find the cause of your child's bed-wetting:

- Is there a family history of bed-wetting?
- How often does your child urinate, and at what times of the day?
- When does your child wet the bed? Is your child very active, upset, or under unusual stress when it happens?
- Does your child tend to wet the bed after drinking carbonated beverages, caffeine, citrus juices, or a lot of water?
- Is there anything unusual about how your child urinates or the way his urine looks?

Signs of a problem

If your child has been completely toilet trained for 6 months or longer and suddenly begins wetting the bed again, talk to your pediatrician. It may be a sign of a medical problem such as:

- Bladder or kidney infections
- Diabetes
- Defects in the child's urinary system

However, keep in mind that less than 1% of bed-wetting cases are related to diseases or defects.

If your child has a medical problem that is causing the bed-wetting, there are usually other signs including:

- Changes in how much and how often your child urinates during the day
- Discomfort while urinating
- Unusual straining during urination
- A very small or narrow stream of urine, or dribbling that is constant or happens just after urination
- Cloudy or pink urine, or bloodstains on underpants or nightclothes
- Daytime as well as nighttime wetting
- Burning during urination

If there are signs that wetting is due to more than just delayed development of bladder control, and your child is older than 5 years of age, your pediatrician may order additional tests, such as an ultrasound of the kidneys or bladder. If necessary, your pediatrician will recommend that your child see a pediatric urologist, who is specially trained to treat children's urinary problems.

Tips to manage bed-wetting

It is important for parents to be sensitive to the child's feelings about bed-wetting. For instance, children may not want to spend the night at a friend's house or go to summer camp. They may be embarrassed or scared that their friends will find out they wet the bed.

Make sure your child understands that bed-wetting is not his fault and that it will get better in time. Remember, your child does not have control over the problem and would like it to stop, too! Until that happens, the following steps might help:

Protect the bed. Until your child can stay dry during the night, put a rubber or plastic cover between the sheet and mattress. This protects the bed from getting wet and smelling like urine.

Let your child help. Encourage your child to help change the wet sheets and covers. This teaches responsibility. At the same time it can relieve your child of any embarrassment from having family members know every time she wets the bed. If your child sees this as punishment, it is not recommended.

Set a no-teasing rule in your family. Do not let family members, especially siblings, tease a child who wets the bed. Explain to them that their brother or sister does not wet the bed on purpose. Do not make an issue of the bed-wetting every time it occurs.

Take steps before bedtime. Have your child use the toilet and avoid drinking large amounts of fluid just before bedtime.

Try to wake him up to use the toilet again right before you go to bed if he's been asleep for an hour or more.

Reward him for "dry" nights, but do not punish him for "wet" ones.

Use a bed-wetting alarm device. If your child is still not able to stay dry during the night after using the above steps for 1 to 3 months, your pediatrician may recommend using a bed-wetting alarm. When the device senses urine, it sets off an alarm so that the child can wake up to use the toilet. When used exactly as directed, it will detect the wetness right away and sound the alarm. Be sure your child resets the alarm before going back to sleep.

These alarms are available at most pharmacies and cost about \$50 to \$70. They produce a 50% to 75% cure rate, although some children occasionally relapse once they stop using them. Alarms tend to be most helpful when children are starting to have some dry nights and already have some bladder control on their own.

Medications. If the bed-wetting alarm does not solve the problem after 4 or 6 months, your pediatrician may prescribe an oral medication. Different medications are available. Medications usually are a last resort and are not recommended for preschool-aged children. Although it can be helpful for older children, some medications can have side effects. About four to five out of 10 children are helped by these medications. Your pediatrician will discuss medication options with you, if necessary.

Avoid unproven treatments. Because bed-wetting is such a common problem, many mail-order treatment programs and devices advertise that they are the cure. Use caution; many of these products make false claims and promises and may be very expensive. Your pediatrician is the best source for advice, and you should ask for it before your child starts any treatment program.

If none of the treatments work

A small number of children who wet the bed do not respond to any treatment. Fortunately, as each year passes, bed-wetting will decrease as the child's body matures. By the teen years almost all children will have outgrown the problem. Only 1 in 100 adults is troubled by persistent bed-wetting.

Until your older child outgrows bed-wetting, he will need a lot of emotional support from the family. Support from a pediatrician or a mental health professional also can help.

Parents need to provide support

Try not to pressure your child to develop nighttime bladder control before his or her body is ready to do so. As hard as your child might try, the bed-wetting is beyond control, and your child may get frustrated or depressed because he or she cannot stop it.

If your child has enuresis, discussing it with your pediatrician can help you to understand it better. Your pediatrician can also reassure you that your child is normal, and will eventually outgrow bed-wetting.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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Elk Grove Village, IL 60009-0747
Web site — <http://www.aap.org>

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