Enuresis (Bed-Wetting)

Enuresis is the medical term for bed-wetting. Children are able to control their bladder when sleeping at different ages. By the age of 5 years, most children no longer wet the bed. Before age 5, bed-wetting is common.

There are two kinds of bed-wetting:

- Primary – the child has never been always dry at night. This is the most common type. It occurs in 15 percent of children aged 5 years. The percentage decreases in older age groups
- Secondary – the child was previously dry at night for a long time and now is wetting the bed again.

CAUSES

Primary enuresis may be due to:

- Slower than normal maturing of the bladder muscles.
- Passed on from parents (*inherited*). Bed wetting often runs in families.
- Small bladder capacity.
- Making more urine at night.

Secondary nocturnal enuresis may be due to:

- Emotional stress.
- Bladder infection.
- Overactive bladder (causes frequent urination in the day and sometimes daytime accidents).
- Blockage of breathing at night (*obstructive sleep apnea*).

SYMPTOMS

Primary nocturnal enuresis causes the following symptoms:

- Wetting the bed one or more times at night.
- No awareness of wetting when it occurs.
- No wetting problems during the day.
- Embarrassment and frustration.

DIAGNOSIS

The diagnosis of enuresis is made by:

- The child's history.
- Physical exam.
- Lab and other tests, if needed.

TREATMENT

Treatment is often not needed because children outgrow primary nocturnal enuresis. If the bed-wetting becomes a social or psychological issue for the child or family, treatment may be needed. Treatment may include a combination of:

- Medicines to:
  - Decrease the amount of urine made at night.
  - Increase the bladder capacity.
- Alarms that use a small sensor in the underwear. The alarm wakes the child at the first few drops of urine. The child should then go to the bathroom.
- Home behavioral training.

HOME CARE INSTRUCTIONS

- Remind your child every night to get out of bed and use the toilet when he or she feels the need to urinate.

- Have your child empty their bladder just before going to bed.
- Avoid excess fluids and especially any caffeine in the evening.
- Consider waking your child once in the middle of the night so they can urinate.
- Use night-lights to help find the toilet at night.
- For the older child, do not use diapers, training pants, or pull-up pants at home. Use only for overnight visits with family or friends.
- Protect the mattress with a waterproof sheet.
- Have your child go to the bathroom after wetting the bed to finish urinating.
- Leave dry pajamas out so your child can find them.
- Have your child help strip and wash the sheets.
- Bathe or shower daily.
- Use a reward system (like stickers on a calendar) for dry nights.
- Have your child practice holding his or her urine for longer and longer times during the day to increase bladder capacity.
- Do not tease, punish or shame your child. Do not let siblings to tease a child who has wet the bed. Your child does not wet the bed on purpose. He or she needs your love and support. You may feel frustrated at times, but your child may feel the same way.

SEEK MEDICAL CARE IF YOUR CHILD HAS:

- Daytime urine accidents.
- Bedwetting is worse or not responding to treatments.
- Constipation.
- Bowel movement accidents.
- Stress or embarrassment about the bed-wetting.
- Pain when urinating.

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