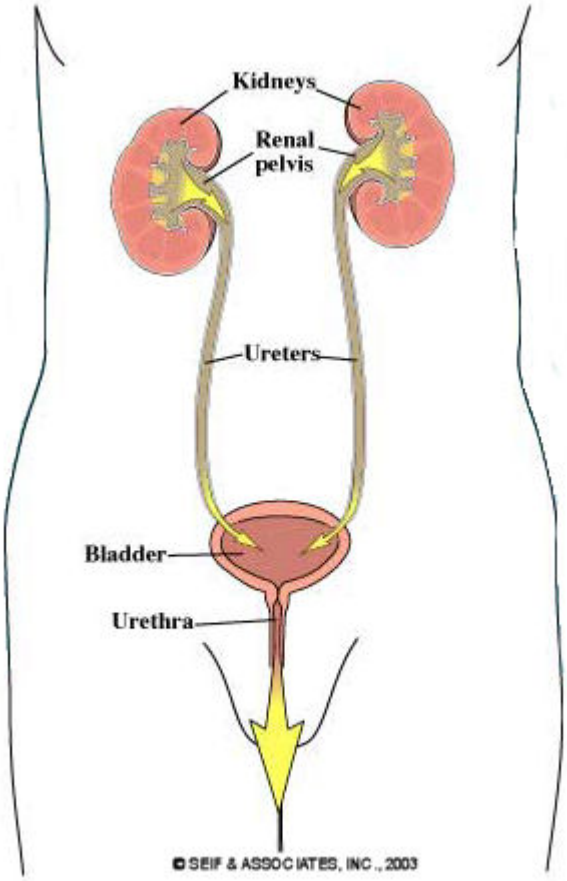
Urinary Frequency, Pediatric

Children usually urinate about once every two to four hours. There could be a problem if they need to go more often than that. But that is not the only sign of a possible problem. Another is if the urge to urinate comes on so quickly that the child cannot get to the bathroom in time. At night, this can cause bedwetting. Another problem is if sometimes a child feels the need to urinate but can pass only a small amount of urine.



These problems can be hard for a child. However, there are treatments that can help make the child's life simpler and less embarrassing.

CAUSES

The bladder is the organ in the lower abdomen that holds urine. Like a balloon, it swells some as it fills up. The nerves sense this and tell the child that it is time to head for the bathroom. There are a number of reasons that a child might feel the need to urinate more often than usual. They include:

- Having a small bladder.
- Problems with the shape of the bladder or the tube that carries urine out of the body (*urethra*).
- Urinary tract infection. This affects girls more than boys.
- Muscle spasms. The bladder is controlled by muscles. So, a spasm can cause the bladder to release urine.
- Stress and anxiety. These feelings can cause frequent urination.
  - Extreme cases are called pollakiuria. It is usually found in children 3 to 8 years old. They sometimes urinate 30 times a day. Stress is thought to cause it. It may be caused by other reasons.
- Caffeine. Drinking too many sodas can make the bladder work overtime. Caffeine is also found in chocolate.
- Allergies to ingredients in foods.
- Holding urine for too long. Children sometimes try to do this. It is a bad habit.
- Sleep issues.
  - Obstructive sleep apnea. With this condition, a child's breathing stops and re-starts in quick spurts. It can happen many times each hour. This interrupts sleep, and it can lead to bed-wetting.
  - Nighttime urine production. The body is supposed to produce less urine at night. If that does not happen, the child will have to sense the need to urinate. Sometimes a child just does not feel that urge while sleeping.
- Genetics. Some experts believe that family history is involved. If parents were bed-wetters, their children are more likely to be.
- Diabetes. High blood sugar causes more frequent urination.

DIAGNOSIS

To decide if your child is urinating too often, and to find out why, a healthcare provider will probably:

- Ask about symptoms you have noticed. The child also will be asked about this, if he or she is old enough to understand the questions.
- Ask about the child's overall health history.
- Ask for a list of all medications the child is taking.
- Do a physical exam. This will help determine if there are any obvious blockages or other problems.

- Order some tests. These might include:
  - A blood test to check for diabetes or other health issues that could be contributing to the problem.
  - Urine test.
  - Order an imaging test of the kidney and bladder.
- In some children, other tests might be ordered. This would depend on the child's age and specific condition. The tests could include:
  - A test of the child's neurological system (the brain, spinal cord and nerves). This is the system that senses the need to urinate.
  - Urine testing to measure the flow of urine and pressure on the bladder.
  - A bladder test to check whether it is emptying completely when the child urinates.
  - Cytoscopy. This test uses a thin tube with a tiny camera on it. It offers a look inside the urethra and bladder to see if there are problems.

TREATMENT

Urinary frequency often goes away on its own as the child gets older. However, when this does not happen, the problem can be treated several ways. Usually, treatments can be done in a healthcare provider's clinic or office. Some treatments might require the child to do some "homework." Be sure to discuss the different options with the child's healthcare provider. Possibilities include:

- Bladder training. The child follows a schedule to urinate at certain times. This keeps the bladder empty. The training also involves strengthening the bladder muscles. These muscles are used when urination starts and ends. The child will need to learn how to control these muscles.
- Diet changes.
  - Stop eating foods or drinking liquids that contain caffeine.
  - Drink fewer fluids. And, if bed-wetting is a problem, cut back on drinks in the evening.
  - Constipation (difficulty with bowel movements) can make an overactive bladder worse. The child's healthcare provider or a nutritionist can explain ways to change what the child eats to ease constipation.
- Medication.
  - Antibiotics may be needed if there is a urinary tract infection.
  - If spasms are a problem, sometimes a medicine is given to calm the bladder muscles.
- Moisture alarms. These are helpful if bed-wetting is a problem. They are small pads that are put in a child’s pajamas. They contain a sensor and an alarm. When wetting starts, a noise wakes up the child. Another person might need to sleep in the same room to help wake the child.

HOME CARE INSTRUCTIONS

- Make sure the child takes any medications that were prescribed or suggested. Follow the directions carefully.
- Make sure the child practices any changes in daily life that were recommended. These might include:
  - Following the bladder training schedule.
  - Drinking less fluid or drinking at different times of day.
  - Cutting down on caffeine. It is found in sodas, tea and chocolate.
  - Doing any exercises that were suggested to make bladder muscles stronger.
  - Eating a healthy and balanced diet. This will help avoid constipation.
- Keep a journal or log. Note how much the child drinks and when. Keep track of foods the child eats that contain caffeine or that might contribute to constipation. (Ask the child's healthcare provider or a nutritionist for a list of foods and drinks to watch out for.) Also record every time the child urinates.
- If bed-wetting is a problem, put a water-resistant cover on the mattress. Keep a supply of sheets close by so it is faster and easier to change bedding at night. Do not get angry with the child over bed-wetting.

SEEK MEDICAL CARE IF:

- The child's overactive bladder gets worse.
- The child experiences more pain or irritation when he or she urinates.

- There is blood in the child's urine.
- You notice blood, pus or increased swelling at the site of any test or treatment procedure.
- You have any questions about medications.
- The child develops a fever of more than 100.5° F (38.1°C).

SEEK IMMEDIATE MEDICAL CARE IF:

- The child develops a fever of more than 102.0°F (38.9° C).

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