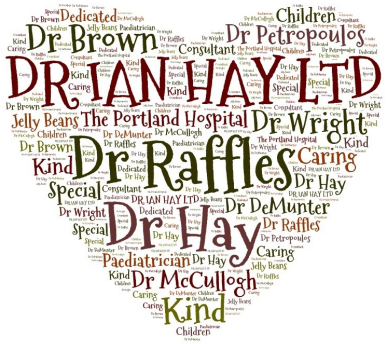

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PATIENT INFORMATION SHEET: BEDWETTING

Achieving bladder continence and becoming dry, initially by day and then by night, is an important developmental milestone in any child's life. Most children are dry by day at four years of age and by night at five years of age. Bedwetting continues after five years in a number of children (up to 17%) and often spontaneously improves over the next five years. At this younger age it is more common in boys than girls. There are some children, however, for whom spontaneous resolution may be very slow or may not occur and these tend to be those children who wet the bed every night or more than one time/night. Bedwetting can become a source of frustration and embarrassment for the child and work for the parents in the form of extra washing, waking to take the child to the toilet and purchase of mattresses, bedding, disposables etc.

The causes of bedwetting have been much better understood over the last twenty years. Like many conditions, genetics plays a part and bedwetting often runs in families (I during history taking, have seen many little boys delighted to find out that their favourite uncle also wet the bed). In some children psychological and emotional issues may play a part. Fundamental to all bedwetting however is a mismatch between the amount of urine produced overnight and the size of the child's bladder together with an inability to wake spontaneously from sleep when the bladder is full. These three factors result in a wet bed.

Management of bedwetting involves general and specific intervention. In order to promote general bladder and bowel health, encourage your child to drink six to eight cups of fluid spaced out during the day (a good general rule is two cups with each meal and one with a snack). Water is the healthiest drink and milk should be limited to two cups/day. Encourage your child to toilet regularly and make sure they sit properly on the toilet (if necessary supporting their feet) and take time to empty their bladder completely, particularly before bed. The last drink should be at least an hour and a half before bedtime (remember what goes in has to come out) and if your child has drunk well during the day they should not be thirsty before bed. Start off the day with a bowl of high fibre cereal with a cup of milk. Five helpings of fruit and vegetables should be eaten with their meals; this prevents constipation which is known to worsen bedwetting.

Rewards, praise and starcharts can be used to good effect as long as they are for an activity over which the child has control for example drinking well by day, having last drink 1 ½ hours before bed, remembering to toilet before bed. Recording an event like wetting over which the child has no control is often not helpful or much fun. Once the above is in place a trial out of nappies can be effective.

Other children may require more specific intervention to help them with waking to toilet and the bedwetting alarm (which works as an operant conditioner) has been shown in many clinical trials to be very effective. It does however require your child to be motivated to use it every night and the family to be supportive and tolerant of the alarm going off which can be quite disruptive. It often takes two to three weeks of wetting with the alarm before the child

learns to beat it, wake and get out of bed before it goes off, and this can seem like a very long time when you are only eight!
Some children do not produce enough of a hormone called vasopressin as they go to sleep; this is a messenger that the brain sends to the kidneys at night in order to reduce the amount of urine produced (that is why your wee is often very concentrated first thing in the morning). These children have often wet by midnight, passing large quantities despite not drinking before bed. Desmopressin is medication which is almost identical to vasopressin and can be taken before bed to help reduce the amount of urine produced and keep your child dry. It can be used on an ad hoc basis or in the long-term until the child becomes dry by himself.

Some children have small bladders and this can be improved helped with bladder training and sometimes medication. Some children of course, may require combination treatment. All of these specific treatments have good scientific evidence.

Either way there is hope for a bedwetting child and help for you. Other resources include the award winning charity ERIC (www.eric.org.uk) and the NICE guideline 111: Nocturnal Enuresis: the management of bedwetting in children and young people.

Dr. Anne Wright