

Helping children with bedwetting

Bedwetting in childhood might seem a trivial problem. But it can become extremely upsetting and stressful. The child may be embarrassed and might even be teased or bullied by other children. And many children and their parents are reluctant even to talk about the bedwetting. There's also the disturbed sleep and the hassle and expense of changing and washing bedding.

This issue of *Treatment Notes* gives advice about dealing with bedwetting. It outlines the treatments that work best, and what's unlikely to help.

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What's normal?

A key part of growing up is learning to control weeing. This ability is explained in the box, right.

At around toddler age – usually between 18 months and 3 years old – children learn how to stay dry during the day. It usually takes a lot longer for them to stay dry at night. This is because they must learn to wake and get up to wee. Also, young children have a small bladder that can't hold much urine. That's why they need to wee in the night. As they get older, the bladder grows and eventually they should be able to go all night without needing to wee.

About bedwetting

Bedwetting – sometimes called 'enuresis' – is very common. For example, at age 5, around 17 in 100 children wet the bed more than once a week. And at age 7, at least 2 in 100 boys and 1 in 100 girls still wet the bed more than once a week. Some still have problems in their teens. Children can also start wetting the bed after months or years of being dry.

Children who wet the bed may be embarrassed and upset, particularly as they get older. It can make staying away from home very difficult. And it can make children ashamed, shy and even lead to behaviour problems. Bedwetting can also cause stress and worry for the family.

What causes it?

Of course, it's normal for children to have a few wet beds, particularly when learning to control their bladder. It may take them a while to learn to wake up to wee. But most children who wet the bed have nothing wrong and will eventually be dry every night. However, sometimes there's a problem causing the bedwetting or making it worse:

Bladder control

Urine is made by the kidneys and then collects in the bladder.

The bladder is like a balloon that stretches as it fills up. Urine is kept inside by muscles below the bladder.

The bladder is connected to the outside by a tube called the urethra.

As the bladder fills up with urine, nerves in the wall of the bladder send messages to the brain. These nerves trigger the urge to wee. The bladder empties when the muscles below the bladder relax.

To stay dry, children have to learn how to keep the muscles below the bladder tight until they can get to a toilet.

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- **Practical reasons that stop the children getting to the toilet in time.** For example, they sleep in a top bunk, share a bed, or it's too dark.
- **A problem with their bladder or how they produce urine.** Some children produce too much urine at night. Others have a bladder which can't hold much urine and so fills up particularly quickly. And in some, the bladder sends 'full' signals even though it isn't full. This can make children want to wee more often or urgently.
- **Other problems.** For example, wetting the bed may be linked to emotional problems or stress. Or it may be due to problems such as constipation, a bladder infection or an illness such as diabetes.

Simple measures that can help

It's crucial that you and your child talk about the bedwetting so that you can begin to tackle the problem together. Here are some tips that may help – of course, you may have tried some already.

- Make sure your child can get to the toilet easily at night – for example, leave the bathroom light on, or put a night-light and potty in their bedroom.
- Don't give your child anything to drink in the hour or so before bedtime. And encourage them to go to the toilet before getting into bed.
- Drinks with caffeine in, such as cola, energy drinks, tea and coffee, can increase how much urine is made. So it's best if your child avoids these after mid-afternoon.
- Waterproof mattress protectors can be useful – children older than about 5 usually prefer them to nappies.
- This may sound odd, but get your child to drink plenty during the day. This can help get the bladder used to holding more urine. Also, the child learns to 'hold on'

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for longer. A normal amount to drink is about 6–8 glasses a day (which adds up to about 1 litre).

What if it's still a problem?

Most children grow out of bedwetting. But if it's a real problem, you're worried about your child, or if he or she had been dry at night for a while but has started wetting the bed, you should consider getting some advice – for example, from your GP, health visitor or school nurse. They'll try to find out if anything is causing the problem. If necessary, they may refer your child to a specialist nurse or doctor. For most children, all that's needed is specific advice. This often includes suggestions about trying star charts and rewards, or bedwetting alarms.

Star charts and rewards

It may help to reward your child for making an effort to deal with their bedwetting. This can include a star chart to record successes. The box, right, has more about star charts.

Research has shown that, in general, star charts help to reduce the number of wet nights – both while using the charts and for a time afterwards. Some parents don't find star charts that helpful. You may need to try the charts for a few months before knowing whether they're helping. To get the most out of these charts, it's important to focus on the positive behaviour – it's the child's effort that matters.

Bedwetting alarms

For some children, especially those aged over 7, using bedwetting alarms may help. These are pads linked to a battery-powered alarm. The pads are worn inside the pants (body-worn alarms) or in the bed (bed alarms). If the child starts to wee and the pad gets wet, the alarm vibrates or beeps to wake them up. The aim is that the

Star charts

You can buy star charts or make them by drawing a box for each night on a sheet of paper or card. Get your child to choose the stickers they want – anything from simple shapes to cartoon characters or pop stars.

Set a realistic goal with your child – for example, getting up to the toilet or potty rather than having a dry bed. Every time your child achieves the goal, they get a sticker. As things improve, you can agree new goals. The child should only have to earn a small number of stickers to get a reward. The type of reward, and the number of stickers needed to earn it, should be agreed at the start.

It's crucial that your child is excited by the stickers and rewards and doesn't get bored.

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child stops weeing, turns the alarm off, and then gets up to use the toilet or potty. Over time, they learn to wake up when they need to wee without needing the alarm.

It may take a while for a child to become dry using an alarm. But research has shown that using one for up to 20 weeks helped about 66 in every 100 children to become dry. And after stopping the alarm, 45 in 100 stayed dry for at least another year. Among children who hadn't used an alarm, only 1 in 100 was dry for the 20 weeks of the research and for a year afterwards.

Alarms worn in the pants may help get results faster than bed alarms. Alarms that vibrate rather than beep can be particularly useful for children who are deaf or share a bedroom. Alarms work best for children keen to be dry and for those who tend to wet later on in the night, when it's easier to be woken by the alarm. Alarms and star charts can also be used together.

Your nurse, health visitor or GP can advise how best to use the alarm and may know where one can be hired or borrowed locally. Alarms can also be bought from larger pharmacies, the internet and from the patient group ERIC (see *Find out more*, page 6).

Medicines

Desmopressin is a medicine taken before bed that reduces how much urine is produced at night. This tends to make bedwetting less frequent – on average, a child taking desmopressin for a month has about 5 more dry nights than a child taking a 'dummy' medicine. Desmopressin comes as a nose spray or tablet and is only for children aged 5 or more.

Desmopressin isn't a cure – it only works on the nights it's taken. It can be taken for a short time – such as when a child stays away from home, or when using a bedwetting alarm would be awkward. And if bedwetting has become

What won't work?

- Restricting how much a child drinks during the day. It can be dangerous if a child doesn't drink enough. What's more, it could even mean their bladder doesn't learn to expand properly as it fills up. This can make bedwetting more likely.
- Punishing the child. This may even make things worse.
- Lifting the child up without waking them and taking them to the toilet. This makes matters worse because it encourages them to wee while they're asleep, and before their bladder is full.
- Using an alarm clock to wake the child to go to the toilet. This doesn't help them develop bladder control.

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a serious problem, desmopressin might help to give everyone a break. Some children may need to take desmopressin for a lot longer.

The benefits of taking desmopressin must be balanced against the risks. Because it reduces how much urine is produced at night, water builds up in the body. So it's important the child drinks as little as possible in the hour before taking the medicine and for 8 hours afterwards. Desmopressin can occasionally cause side-effects, such as nose bleeds, headaches and stomach pains.

Another possibility is the medicine imipramine. But it doesn't work any better than desmopressin and is more dangerous. If used at all, imipramine should only be started by a specialist doctor.

Other approaches

There are some things that are often tried but aren't a good idea because they can make bedwetting worse – the box, left, explains more about these.

Alternative treatments, such as acupuncture and hypnosis, have been tried for bedwetting. There's some evidence that these help, but it isn't from reliable research. So it's not possible to recommend these with confidence.

Find out more

Your health visitor, school nurse, doctor or pharmacist can give you more advice about bedwetting or tell you where you can get help. There's also:

Education and Resources for Improving Childhood Continence (ERIC), 0117 9603060, www.enuresis.org.uk.
NHS Direct, 0845 4647, www.nhsdirect.nhs.uk.



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