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BEDWETTING

(NOCTURNAL ENURESIS)

Bedwetting, or nocturnal enuresis, is defined as incontinence of urine while sleeping. It is considered a "symptom" rather than a disease. Most evidence suggests that the cause of bedwetting is multifactorial (caused by many different factors). Included is a list of the more common causes.

- **Genetic**

There is an increased incidence of bedwetting in children whose parents also had this condition. In many cases, there is a family history of bedwetting in a grandparent, sibling or uncle/aunt.

- **Nocturnal polyuria** (overproduction of urine at night)

Children with bedwetting have been shown to have higher urine volumes at night. This is related to an inappropriate secretion of a hormone, vasopressin, which helps most other children to create lower urine output during the nighttime hours.

- **Reduced bladder capacity** or "small bladder"

Although rare in children, a small bladder capacity can affect children at night. Most of the children with a reduced bladder capacity, however, also have daytime symptoms such as daytime incontinence, urinary frequency and urgency.

- **Abnormal sleep arousal**

Many bedwetters are reported to be very deep sleepers. Often they do not respond to the same stimuli at night time that others may awaken to.

For example, they will sleep through alarms, loud noises and thunderstorms.

- Other factors may include **constipation, urinary tract infection, abnormal daytime voiding behaviors (holding), stress, diet** and, although extremely rare, **trauma**.

It is important parents and their children understand how common bedwetting is, and that it is rarely related to any physical abnormality of the body. The following list includes facts related to bedwetting:

- ❖ Approx. 15 - 20% of all 5-year-old are bedwetters
- ❖ Approx. 15% of children will resolve their bedwetting annually
- ❖ Bedwetting is more common in males, with a ratio of ~ 3:2
- ❖ 15 - 20% of children have a history of complete dryness after toilet training, before becoming a bedwetter.

Here at Children's Urology it is our goal to make sure these children have no other underlying urinary abnormality. All children receive a thorough health history evaluation, physical examination, and urinalysis. Rarely are further studies needed, with the exception of a renal bladder ultrasound.

Several treatment options will be discussed. These will include:

- ❖ Fluid shifting – the child will significantly increase their water intake in the earlier day hours.
- ❖ Diet changes – certain beverages can be considered bladder irritants in some children. The more common items include citrus, dairy, carbonation, and caffeine.
- ❖ Medications – the most common medication used with bedwetting is DDAVP. This medication has few side effects; however, it has a very poor effectiveness rate (only approximately 30 to 50% of children can be completely dry while taking this). In addition, these pills do not cure bedwetting; if they do work, they only keep them dry on the nights the medicine is taken.
- ❖ Bedwetting alarm – this is the only long-term cure for bedwetting, with its 70 to 80% effectiveness rate. This apparatus utilizes conditioning therapy to train these children to awaken with a full bladder. A strong commitment on the part of both the children and parents is needed to achieve success. Bedwetting alarms can be purchased online at bedwettingstore.com, or by calling 1-800-214-9605.

- ❖ Motivation and rewards – findings have suggested if children keep track of the bedwetting (charts and stickers) this may help improve their dry nights.

Many children with bedwetting are considered “lazy”. The truth is these children cannot help the bedwetting. It remains important parents keep a positive attitude, and they do not punish these children.

(Updated February 2009 Amanda Ramos Hodge, RN MSN CPNP Children’s Urology of Central Texas)