

Bedwetting

The medical term for bedwetting is enuresis. Many young children wet their bed occasionally at night. It also typically takes a child longer to become dry at night than it does to be potty-trained during the day. Therefore, enuresis is not diagnosed until after age 5 years. It is usually not treated until after 7 years of age. The “official” definition of enuresis is wetting the bed at least twice a week. Bedwetting can occur more than once a night. It also can occur in all stages of sleep, not just in “deep sleep.”

There are two types of enuresis, primary and secondary. Primary enuresis means that a child has never been dry at night for at least 6 months. This kind of bedwetting is usually because a child is not developmentally ready to stay dry all night. A child is just not able yet to control urination. Waking up because of a full bladder and being able to hold urine while asleep takes longer for some children to achieve. Secondary enuresis means that a child had previously been dry at night for at least 6 months and the bedwetting started again. Secondary enuresis may be related to a medical problem, like a urinary tract infection.

There are other things that make a child more likely to wet the bed at night. First of all is genetics. Children are more likely to wet the bed if one or both of their parents, especially fathers, wet the bed when they were children. Constipation can also contribute to bedwetting. A large amount of stool may press upon the bladder, resulting in more frequent urination. Many medical problems, such as diabetes and abnormalities of the urinary system, can lead to enuresis. Children who also have “accidents” during the day are more likely to have a medical issue.

SHOULD YOU BE CONCERNED ABOUT YOUR CHILD’S BEDWETTING?

Bedwetting is very common. It occurs in 10% of 6-year-olds and 5% of 10-year-olds. Infrequent bedwetting, which occurs less than twice a week, is even more common. Boys are more likely to wet the bed than girls. Most of the time, bedwetting stops on its own as a child matures. Every year that your child gets older, there is a 15% chance that the bedwetting will spontaneously go away. However, bedwetting can be a nuisance for families. Your child may also be embarrassed about the bedwetting and it may get in the way of things your child would like to do, such as sleeping over at a friend’s house. Thus, treatment may be appropriate.

If your child was dry for more than six months, then you should check with your child’s doctor to check for possible causes of bedwetting, such as a bladder infection or sleep apnea.

HOW SHOULD YOU RESPOND TO YOUR CHILD’S BEDWETTING?

First of all, realize that your child has no control over his wetting the bed at night. Thus, don’t punish your child for wet nights. If your child is under the age of 7 years, in most cases it is better to wait and see if he outgrows it.

However, if your child is older than age 7 years, if bedwetting is impacting his or your family’s life, or it is upsetting to your child, there are a number of things that you can try to stop or decrease the likelihood of bedwetting:

- **Good bladder health** during the day can make a difference at night. Make sure your child goes to the bathroom every 2 to 3 hours during the day. He shouldn’t avoid going to the

bathroom while at school, as many children do. Increasing fluids during the day is also good, as it helps a child learn to “hold” his urine during the day.

- **Minimize fluids in the evening** especially after dinnertime.
- **Go to the bathroom at bedtime** and every time your child wakes during the night.
- **Avoid caffeine**, because they tend to increase needing to urinate.
- **Avoid constipation** by increasing fiber in your child’s diet, having your child drink plenty of fluids, and encouraging your child to take the time needed to pass a stool every day (usually soon after a meal).
- **Try waking your child** to use the bathroom before you go to bed for the night or at the time when he usually wets the bed. Some children, however, are hard to wake up and resist any attempts to have them use the bathroom once they’ve fallen asleep.
- **Sticker charts and reward systems** can help encourage your child to stay dry at night. But realize that your child is not being deliberately difficult or belligerent if he continues to wet the bed.
- **Bladder training**, in which you have your child drink increasing amounts of fluid and wait longer and longer to urinate. This can help with wetting the bed.
- **Bedwetting alarms** are the most effective behavioral treatment. They help teach a child to respond to the sensation of a full bladder when asleep. Bedwetting alarms come in many different types. There are types that are pad that goes on the bed or a sensor that attaches to your child’s underwear. These trigger an alarm when they sense moisture. Treatment can take 6 to 16 weeks. It requires both you and your child to be significantly motivated.
- **Medications** are also available that can reduce bedwetting. Some medications decrease urination during sleep. Others work help the body control wetting. And still others affect bladder muscle spasms (“overactive bladder”). Some children take medication just on nights that they are not sleeping at home, such as for sleepovers or at overnight camp. Other children take it every night. Your child’s doctor can talk to you about the medications available and possible benefits and risks.