

# When Bed-Wetting Becomes A Problem

A Guide for Patients  
and their Families



**National Kidney  
Foundation®**

*Making Lives Better*



Bed-wetting—loss of urine during sleep—can be a major problem for children. Bed-wetting is almost never done on purpose or due to laziness on the child’s part. The medical term for bed-wetting is enuresis (en-your-ee-sis).

After toilet training, which usually occurs by four years of age, many children have a brief period of wetting during the daytime or at night. If bed-wetting is still occurring at age six or seven, you should speak to your family doctor or pediatrician.

In some cases, bed-wetting occurs with daytime wetting and/or bowel problems. This may be a sign of a more serious problem, and it is important to speak to your family doctor or pediatrician. In some cases bed-wetting may be related to a urinary infection, so every child should initially have his or her urine tested by a doctor.

## What causes bed-wetting?

As children grow older, they are usually able to stop wetting the bed at night. However, many older children continue to wet the bed. This may be due to one or more of the following reasons:

- ❖ Some children do not wake up when their bladder is full.
- ❖ Some children produce more urine during sleep than do others.
- ❖ Some children have bladders that do not hold as much urine as other children's do.

Common bed-wetting is not a mental or learning problem, and punishing your child is never a solution. In fact, a child who is punished for wetting the bed can develop emotional problems.

## When will my child stop bed-wetting?

Most children outgrow bed-wetting. However, it is hard to say when bed-wetting will stop. Every child is different. An estimated five to seven million children in the United States wet their beds. One out of five 5-year-olds are affected by this condition. By age 10, only one in 20 have this problem. Some children may be very upset by their problem and even have feelings of personal failure. They may fear sleep-overs and having friends find out about their bed-wetting.

## Are there treatments for bed-wetting?

**Yes.** Your doctor is the best source of information. Doctors who care for children have experience with bed-wetting. Treatments that may help include the following:

- ❖ **Limiting fluid before bedtime**—By itself, this rarely works. Reasonable limitation of fluids, especially drinks that have caffeine, such as colas, helps in a few cases.
- ❖ **Waking the child** at set times during the night—Some families find it helpful to wake the child once or twice at night to go to the bathroom. This may help keep the bed dry but rarely helps a child to stop bed-wetting.
- ❖ **Special exercises** to stretch or condition the bladder—These are usually not successful. These should never be used if your child wets during the day or usually has to rush to go to the bathroom.
- ❖ **Moisture alarms**—These alarms often can help the child learn to feel when the bladder is full and when wetting is just



about to happen. The alarm consists of a moisture-sensing device attached to the pajamas that wakes the child with a loud signal or vibrating alarm. However, bed-wetters do not always wake up to the alarms, which supports the idea that many of these children have a problem waking up when their bladders are full. As long as someone is sure the child wakes up, the alarm may be successful. While it may take several weeks or months for the child to stay dry on his or her own, moisture alarms have the highest long-term success rate.

❖ **Medications**—Several different types of medications have been widely used to treat bed-wetting. Medicines may have some side effects. Speak to your doctor about whether these medicines would be right for your child. Your doctor may recommend a combination of medications and other treatment methods. Not all children respond to these medications.

▲ *Desmopressin*—This is a man-made form of the hormone (antidiuretic hormone) that causes most people to make less urine during sleep. This medication is available in pill form or as a nasal spray. It works by decreasing the urine produced by the kidney, resulting in less urine filling the bladder. Excessive fluid intake should be avoided when taking this medication because water intoxication may occur.

- ▲ *Imipramine*—Imipramine has been used for many years to treat bed-wetting. This medication may affect mood or behavior in some patients. The medication is safe when taken in the dose prescribed for bed-wetting. An overdose may be dangerous, however, so parents should carefully supervise a child who is taking the medication for bed-wetting. The medication should be kept out of the reach of younger children in the house.
- ▲ *Anticholinergics* (Hyoscyamine, Oxybutynin, Tolterodine )—These are medications that relax the bladder and allow it to hold more urine. They are often used to help children who also have daytime wetting problems. Anticholinergics alone are usually not effective for bed-wetting unless the child has daytime wetting. In some cases, this medication may be used in combination with desmopressin to control bed-wetting. Common side effects of anticholinergics include dry mouth and facial flushing.
- ❖ **Hypnotherapy**—Limited studies have shown that hypnotherapy helps some children. Further scientific study is needed in this area.
- ❖ **Herbal, acupuncture and chiropractic therapies**—There is no scientific proof that these therapies work.

## COMMON QUESTIONS

### Will my child outgrow bed-wetting?

**Yes.** What is not predictable is when your child will outgrow the problem. Only one to two out of 100 bed-wetting children still have the problem by the time they reach age 15. Although very rare, bed-wetting may continue into adulthood.

### Does bed-wetting run in families?

**Yes.** If both parents were bed-wetters as children, then there is a 7 out of 10 chance that their child will wet the bed. If one parent was a bed-wetter, then there is a 4 out of 10 chance.

### When should a child with bed-wetting have further testing?

It is rare that a child with common bed-wetting needs to have further tests. They may be needed when the child has:

- ❖ new or persistent daytime wetting
- ❖ urinary infections
- ❖ bowel difficulties
- ❖ problems urinating.

Some of the tests that may be done include ultrasound examination of the kidneys and bladder, x-rays or other tests.

## **Will bed-wetting affect my child in the long term?**

Effective treatment improves behavioral and emotional problems sometimes associated with bed-wetting. You can help your child by:

- ❖ explaining bed-wetting to your child
- ❖ reassuring your child that bed-wetting is not his or her fault and that it will go away in time
- ❖ having open discussions with the child and siblings
- ❖ making arrangements with other parents and camps so that sleep-overs are possible and less threatening to the bed-wetting child.

## **Is there a relationship between bed-wetting and attention deficit disorder?**

Both attention deficit disorder and bed-wetting are common problems and are unlikely to cause each other. A bed-wetter with attention deficit disorder, however, may be somewhat less likely to respond to treatment.

## **Will a developmentally delayed child who wets the bed have more trouble becoming dry?**

Children with developmental delay can become dry at night, but it may take longer



than usual. How much longer depends on how severe the developmental delay is.

## **Does bed-wetting mean that my child has a kidney problem?**

**No.** Most children who wet the bed do not have any kidney problems. In a few unusual cases, however, bed-wetting and daytime wetting can reflect an underlying kidney problem or a serious bladder problem. Your doctor can look into these possibilities.

## **My child didn't have a bed-wetting problem until his brother was born. What caused this?**



Sometimes, children who were dry at night after toilet training become bed-wetters because of stress such as a new school, a new baby in the family, or a family

crisis. This is called secondary enuresis. If this should occur, consult your doctor for follow-up. It is important for parents to realize that the child is not at fault. As with all other children who have bed-wetting, emotional support, reassurance and patience are the most important parts of any treatment plan.

## **Should my child continue to use absorbent products?**

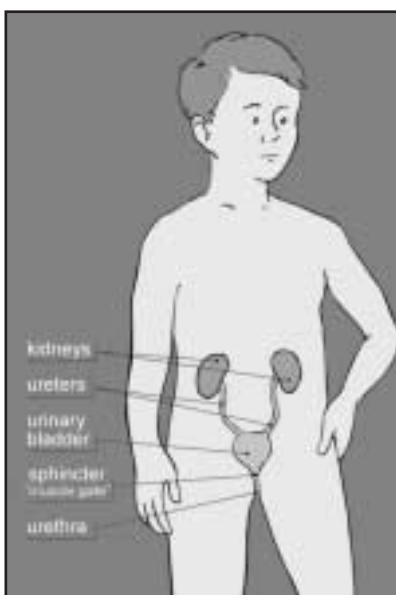
Using absorbent products at night to protect the bed will often reduce the frustration level of a parent and/or child waking to wet sheets. Although a few experts think this may prolong bed-wetting, no studies have shown this to be true. Remember, avoid any measures that may be interpreted by the child as punishment. If you have other questions ask your doctor.

## **What if I have more questions?**

Your best source of information about bed-wetting is your doctor. You can also contact your local National Kidney Foundation affiliate or the national office at (800) 622-9010, or go on the Web to [www.bedwetting-nkfonline.org](http://www.bedwetting-nkfonline.org)

## How to explain bed-wetting to your child

**Here is one example:** Tell your child that it is the kidney's job to make urine, which goes down tubes into the bladder. The bladder is



like a water balloon that holds the urine. There is a muscle gate that holds the urine in. When the bladder is full it sends a message to the brain and the brain tells the gate to open. Tell your child that, in order to be the boss of his

or her urine at night, all the parts need to work together:

- ❖ the kidneys must make just the right amount of urine
- ❖ the bladder must hold it and tell the brain when it is full
- ❖ then the brain must either tell the gate to stay closed until morning, or tell the child to wake up to use the toilet.

*More than 20 million Americans—one in nine adults—have chronic kidney disease, and most don't even know it. More than 20 million others are at increased risk. The National Kidney Foundation, a major voluntary health organization, seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation. Through its 51 affiliates nationwide, the foundation conducts programs in research, professional education, patient and community services, public education and organ donation. The work of the National Kidney Foundation is funded by public donations.*

The development of this publication was made possible by an educational grant from Aventis Pasteur



© 1993 National Kidney Foundation, Inc.  
2002 Edition

All Rights Reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the National Kidney Foundation.

Permission requests should be written and addressed to the publications department of the National Kidney Foundation.

**NKF** National Kidney Foundation®  
*Making Lives Better*

**30 East 33rd Street  
New York, NY 10016  
1-800-622-9010**