# BEDWETTING (NOCTURNAL ENURESIS)

## Patient Information Fact Sheet

### What is bedwetting?

The clinical definition of bedwetting is when a child over the age of five years wets the bed at night on a regular basis without any underlying physical cause. The medical term for bedwetting is nocturnal enuresis. There are two types of nocturnal enuresis, primary and secondary. In primary nocturnal enuresis, the child will have never gained total bladder control, while in secondary nocturnal enuresis, the child will have had control previously for at least six months and then lost it.

Nocturnal enuresis is a fairly common problem in childhood affecting more than one in six children at the age of 5, one in seven at the age of 7 and one in 11 at the age of 9 years. The problem can even affect some adults. However, many teenagers and young adults are very reluctant to seek help due to the personal nature of the problem and are often unaware that it is fairly common. Approximately one in 50 to 100 people aged 15 or older (including adults) are not totally dry at night.

This article focuses on bedwetting in children. Information about bedwetting in adults can be obtained from the National Association for Continence (see contact details below).

### What causes bedwetting?

It is not known why some children take longer than others to gain full bladder control. Usually, a child gains control at around three to four years of age; girls often achieve control earlier than boys. Sometimes, stress in a child's life can delay learning full bladder control or trigger bedwetting in a child who has been dry at night for some time. Stress for a child can be caused by events such as the arrival of a new baby in the family or starting a new school. Your doctor may do some tests to check that your child's bladder is functioning normally. These may include a urine test to check for infection.

### How is bedwetting treated?

Your family doctor or pediatrician can refer you to a specialist or a clinic experienced in dealing with bladder problems. Sometimes alarms or buzzers are used to help to train the child to wake up to a full bladder. These are sometimes available for rent through clinics and are usually successful if used correctly for three to four months. If this method does not work, a drug called **desmopressin** (DDAVP) can be prescribed. This drug (a vasopressin analogue) works by decreasing urine production overnight but does not affect normal urine output during the day. Desmopressin is usually given for a period of six to 12 weeks, then your child will be reassessed at that time. In some cases a **tricyclic drug**

(eg, imipramine [Tofranil]) may be prescribed. The way in which these drugs work to treat nocturnal enuresis is not completely understood.

## Self-help measures

- Try to ensure that most of the day's fluids are consumed at regular intervals throughout the daytime. You may be able to check with the school that your child has sufficient drinks and you can perhaps supply drinks for break times so that your child does not return home from school thirsty. Your child can still drink during the evening but if they are not thirsty, he or she should not drink large volumes of fluid.
- Ensure that your child can easily get to the toilet at night. Leaving a light on may help.
- Talk to your child about whether he or she wishes to become dry at night. It will be much easier for your child to participate in any methods you may try if they also want to stop bedwetting.

## Further information

American Academy of Pediatrics: www.aap.org
National Association for Continence: www.nafc.org

Last reviewed: April 2011