

BEDWETTING (ENURESIS)

An information leaflet from the Swedish Enuresis Academy svenskaenures.se

How common is it?

Bedwetting, or enuresis according to scientific terminology, is very common. It afflicts 5-10% of children below the age of ten years, and a few per cent of older children and teenagers as well. It is equally common in all cultures and among all social groups. Boys are somewhat more often affected than girls.

What are the causes?

The old ideas about enuresis as a psychiatric disorder are false. Usually when a child wets the bed, neither the parents nor the child him/herself is to blame. Modern research has shown that bedwetting has three major causes: 1) almost all bedwetting children are difficult to arouse from sleep at night, 2) many bedwetting children have kidneys that produce too much urine during the night, and 3) the urinary bladder of many bedwetting children is too "irritable" and contracts too easily. Furthermore, enuresis is often inherited within the family.

Is enuresis harmful?

The body is not harmed by bedwetting. Sleeping in wet sheets does not, for instance, cause urinary tract infections. But many bedwetting children suffer from low self-esteem, which may be socially handicapping.

Does one "grow out of it"?

Yes, the problem will usually go away by itself, but it may take many years. Thus, for a bedwetting child six years old or more, who is bothered by his/her predicament, active treatment should definitively be started.

How do we treat it?

GENERAL ADVICE

Many families have tried to solve the problem by not allowing the child to drink in the evening or by waking him/her up during the night. These strategies are usually not effective. A better idea is to give the child sound drinking and voiding habits; this means that the child should go to the toilet six times per day (when getting up, mid-morning, at lunch, early afternoon, at dinner and at bedtime) and drink extra water in the morning and day.

Bedwetting children who suffer from day-time incontinence as well should receive help for the latter condition first (see separate leaflet!), before the enuresis is addressed.

The parents must explain to the child that the bedwetting is not his/her fault. It is of utmost importance that the child doesn't restrict its social activities because of the bedwetting.

ACTIVE TREATMENT

There are two first-line treatment alternatives with proven effect: the enuresis alarm and the drug desmopressin (Minirin®). The alarm is a device that by sending off a sound signal when the child wets the bed gradually teaches him/her to recognize the body's own signals, while desmopressin reduces the amount of urine produced at night by the kidneys (see separate leaflets!). Approximately 75% of all bedwetting children become dry by these methods, the remainder should seek help from a paediatric clinic, where more advanced therapy can be offered. Almost every child with enuresis will become dry with correct treatment!