



**Bladder & Bowel UK**

Supporting people with bladder and bowel problems

part of Disabled Living

# Understanding Bedwetting (Enuresis)



A guide for parents and carers

## Bedwetting

Bedwetting, sometimes called nocturnal enuresis, or simply enuresis, is a very common issue in children and young people. It affects approximately 20% of 5 year olds and 10% of 7 year olds. It is not considered to be a medical problem until children have passed their fifth birthday.

It used to be thought that bedwetting was caused by stress or psychological problems. While these can be contributing factors, the opposite is true for many children and young people – the bedwetting causes the stress and psychological problems. It was also thought that children would grow out of the problem and therefore treatment was not necessary. However, without treatment many children will continue to wet the bed into late childhood or their early teens. It can sometimes last into adulthood. Children who are wet every night or most nights are the ones who are least likely to just get better with time.

## Why do children wet the bed?



There are two main reasons why children wet the bed:

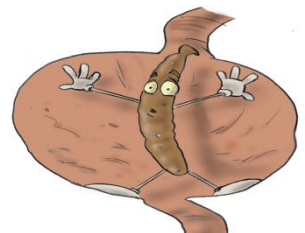
1. They make too much urine (wee) at night. The brain produces a special chemical messenger, called vasopressin that tells the kidneys to make less wee. More vasopressin is usually made at night than during the day, so the kidneys make less wee at night. Some children are not able to produce enough vasopressin at night, so their kidneys carry on making as much wee when they are asleep as they do during the day. Their bladders are not able to hold onto all the extra urine made.

2. Their bladder is not holding the urine as well as it should be. If the child's bladder is smaller than it should be, it will not be able to hold all the urine, even if the child is making enough vasopressin. If the child's bladder wall gets twitchy during filling it may empty at any time. Many, but not all, children with this problem have some symptoms in the day. They may have to run to get to the toilet, or appear to leave it to the last minute to go (urgency), they may go to the toilet more than seven times a day (frequency) and may get damp or wet underwear during the day.

All children who wet the bed also have a problem with waking up during the night, in response to the messages from the bladder saying that it needs to empty. If they did not have the problem with waking, they would get up and go to the toilet.

Other things that may cause bedwetting, or make it worse include:

- Constipation. The full bowel puts pressure on the bladder, making it more difficult for the child to hold onto all the urine that they make overnight
- Drinking too much before they go to bed. If children drink large amounts before bed, they are more likely to fill their bladder



before morning. If they are very tired, or find it difficult to wake to the full bladder signals their bed will get wet

- Not drinking enough during the day. Not drinking enough during the day means that less urine is produced. If this happens regularly the bladder will get smaller as it does not have to hold as much urine. This may result in bedwetting
- Drinking the wrong things. Fizzy drinks and ones that contain caffeine (tea, coffee, cola, chocolate and many energy drinks) can irritate the bladder lining and make wetting worse
- Urinary tract infection. A urinary tract infection irritates the lining of the bladder, causing the bladder to empty more often. This can result in bedwetting.
- Very rarely children wet the bed because of a different underlying medical cause. For this reason, if your child is unwell, or if their bedwetting has started suddenly after a they have previously been dry at night, or if they have a problem with snoring (enlarged tonsils have been linked with bedwetting), then take your child to see their GP
- Bedwetting can run in families. If a parent or close relative wet the bed, then it is more likely that the child or young person will also have bedwetting



It is important to understand that children and young people do not wet the bed because they are lazy or being naughty. Punishment is likely to make the problem worse.

All children and young people who have bedwetting should be offered an assessment of their bladder and bowel health and treatment options should be discussed. This should happen when the wetting becomes worrying to the child and/or their family.



### **What does an assessment involve?**

The assessment is usually done by a nurse. You and your child may be asked to keep records of the bedwetting, and of their bowel actions (poos) for about two weeks. You may also be asked to help your child keep a bladder diary. The bladder diary is a record of what and how much they drink over two to three days. At the same time, they will be asked to measure how much they wee, each time they go to the toilet. This will allow the nurse, or doctor, to see how well their bowel and

bladder are working.

It is likely that you will be asked questions about how long the bedwetting has been happening, about your child's general health, toilet training and medical history. Do let the nurse or doctor know if you have any concerns about their use of the toilet during the day, including damp, wet or soiled underwear.

## Is there anything that can be done to help at home?

Sometimes lifestyle approaches are suggested to help with the bedwetting. These may be tried on their own or in addition to other treatments. Lifestyle approaches include: Having a water-based drink every two hours. Primary school age children should be drinking about 1.5litres a day. Older children should have more (1.5 – 2litres for teenage girls and 2 – 2.5 litres for teenage boys). They should have more if they are very active or the weather is hot.



- Ask school to allow open access to drinks and provide your child with a sports-style bottle to use at school. Children should be having about half of their daily drinks while at school
- Offer sugar-free fruit squash if your child will not drink water, but avoid fizzy and caffeinated drinks
- Encourage your child to wee after each drink
- Avoid all drinks and food for an hour before bed. Drinks and some foods, particularly those that are high in protein or salt, encourage the kidneys to make more urine
- Good bedtime routines. These include a regular time for going to sleep, avoiding electronic screens in the hour before sleep, going for a wee just before going to sleep and turning off the lights in the bedroom.

## What other treatment options are there?

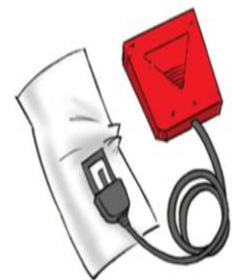


**Medication** is suggested for some children. Desmopressin works by helping to reduce the amount of urine produced at night. It comes as a melt or tablet and is taken at bedtime. The melt is placed under the tongue and dissolves quickly, without the need for a drink. Because the desmopressin works by reducing the amount of urine produced in the kidneys, it must only be taken in the hour before going to bed and the child or young person must not drink for an hour before taking it and for

the eight hours afterwards.

Your child's doctor or nurse will discuss this with you and help you to decide if this is an appropriate treatment for your child. More information on desmopressin is available on the Bladder & Bowel UK website ([www.bbuk.org.uk](http://www.bbuk.org.uk)) in the leaflet 'All About Desmopressin for Parents and Carers' available at <https://www.bbuk.org.uk/wp-content/uploads/2019/09/Desmopressin-information-for-parents-and-carers.pdf>

**Enuresis alarms** are appropriate for some children. They work by waking your child while they are wetting the bed. Alarms are suitable for children who are bothered by the wetting. They usually work best in children who are seven years old or more, although some younger children manage them well.



The alarm makes a noise as soon as the wetting starts. Many children need their parent or carer to wake them the first few nights. If the alarm is going to work the child needs to learn to wake themselves when the alarm goes off, they

then learn to hold onto some of the wee, so they can finish in the toilet after the alarm has woken them. They may also stay dry for longer into the night and gradually learn to sleep through the night without needing to go to the toilet. If your child shows any of these signs of progress in the first three to four weeks, then the alarm is likely to work for them if they continue to use it.

Children need to continue to use the alarm until they have had at least 14 consecutive dry nights. They do not need to avoid drinking before they go to bed unless they are using Desmopressin with the alarm. (Children taking Desmopressin must not drink in the hour before they have it and for eight hours afterwards.) Alarms are not suitable for all children and families.

Both Desmopressin and the alarm have a success rate of around 50-70%. The choice of which treatment is most suitable should be based on the outcome of the assessment, but also on the preference of the child and young person and their family. If the first choice of treatment does not work, there may be the option of using the other treatment. Some children need both treatments together. Some children may also need treatment for constipation or for daytime bladder issues before starting treatment for bedwetting. This may include medication to treat these and that medication may need to continue alongside the desmopressin and/or alarm.

## Further Advice

Always follow the advice given to you by your child's doctor or nurse. Talk to them if you have any concerns or questions

You may also contact the **Bladder & Bowel UK confidential helpline** at email: [bbbuk@disabledliving.co.uk](mailto:bbbuk@disabledliving.co.uk) or Telephone: 0161 214 4591

## Further information

There is more information about bedwetting and other children's bladder and bowel issues available at: <https://www.bbuk.org.uk/children-young-people/children-resources/>

For further information about **Bladder & Bowel UK** services and resources visit our website at [www.bbuk.org.uk](http://www.bbuk.org.uk)

There is more information on bedwetting, including on how to discuss the issue with your healthcare professional at [www.stopbedwetting.org](http://www.stopbedwetting.org)

This booklet can be freely downloaded and printed as a whole. However, no part of this document may be copied or distributed without the authors' permission.

Bladder & Bowel UK working as part of Disabled Living, Manchester, provides impartial advice and information about services and resources for children and adults with bowel and/or bladder problems.

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