

Bedwetting, Though Fairly Common, Distresses Kids, Parents

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It's commonly estimated that 5 million to 7 million children and adolescents (girls 5 and older and boys 6 and older) wet their beds, including 15 percent of 5-year-olds. In the vast majority of those cases, bedwetting is a symptom of an immature "brain-bladder connection," and in many cases it's just a matter of time until it clears up. Several factors can contribute to bedwetting. Wetters might have relatively small bladders or might produce unusually large amounts of urine. It's also likely that bedwetters don't sense when their bladders are full. Most of the children who don't feel that fullness when they're sleeping do sense it when they're awake. Although bedwetting isn't generally thought to result from emotional troubles, it can cause emotional troubles in young bedwetters and their parents. There can be some problems with their self-esteem. They won't go to overnight camps, and they won't sleep at friends' houses for fear of wetting the bed. Often if they go to a friend's house, they won't sleep all night for fear of wetting the bed. That's difficult for an 8- or 9-year-old who wants to be like his friends. Parents, too, feel the strain of bedwetting, or nocturnal enuresis, as it is formally known. They tire of changing and washing sheets, and some think the children are doing it on purpose as a way to get back at the parents for whatever. Nothing could be further from the truth, no kid wishes to urinate on himself or herself. In years past, many children were sent to mental health professionals for a cure to their bedwetting. Centuries earlier, "extremely traumatic" treatments such as "penile scalding" were employed in an effort to convince children to stop wetting the bed. Bedwetters have been and — in too many cases — still are punished. It's totally beyond their control, so punishment has no role at all. There are several approaches recommended by professionals. Several simple behavioral changes can be helpful including eliminating or greatly restricting caffeine late in the day. As a diuretic, caffeine contributes to urine production. Although some parents limit the amount their children drink in the evening, there isn't much evidence that works. Behavior modification techniques, such as requiring children to help clean up after a bedwetting episode and having them keep a record of their wet and dry nights is the most effective methods. It is suggested that rewarding children when they comply with the procedures that have been outlined. There are more costly interventions, including alarms that awaken children when they begin to wet the bed and drugs that reduce the need to urinate at night. The alarms have existed for a long time, but in the last decade or so they have

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been improved and reduced to about the size of a pager. The alarm attaches to a waistband and vibrates or rings when the child begins to urinate. The alarm has the best track record. About 70 percent of the children who try it learn within 12 weeks to awaken themselves in time to get to a bathroom. A couple of drug treatments are also available like Amipramine, which is an anti-depressant, seems to increase bladder capacity. Desmopressin acetate, or DDAVP, is a man-made compound very similar to a naturally occurring hormone that enables the kidney to re-absorb water, thereby reducing urine production. The DDAVP is delivered through either a pill or a nasal spray. The medications have a fairly high relapse rate unfortunately according to researchers. However, they can be useful in keeping beds dry until children's urinary systems reach maturity. Parents can take heart in the fact that, in the vast majority of cases, bedwetting stops on its own. Each year about 15 percent of bedwetters spontaneously stop.

For more information about bedwetting, call the National Kidney Foundation's toll-free hot line, 1-888-WAKEDRY.