

# Bed-wetting: Tips to Help Your Child

## What is enuresis?

Enuresis (EN-yur-EE-sis) is the medical term for bed-wetting during sleep. Bed-wetting is fairly common among children, and is often just a stage in their development. It is more common in boys than girls. Many children grow out of it without treatment. You may want to consider treatment if bed-wetting occurs after age five, although medicines are typically not used until age seven.

## What causes bed-wetting?

Bed-wetting is not a mental or behavioral problem. It doesn't happen because the child is too lazy to get out of bed to go to the bathroom. Children should not be punished for bed-wetting. There are many medical conditions that can cause bed-wetting, although the cause is not always obvious. Your doctor may do tests if he or she thinks your child has one of these conditions:

- Constipation
- Diabetes
- Urinary tract infection
- Problems in the urethral valves in boys or in the ureters in girls or boys (urethral valves help direct urine out of the bladder; ureters are tubes that bring urine from the kidneys to the bladder)
- Problems in the spinal cord

## When do most children learn bladder control?

Children learn to control their bladder at different ages. Most children do not wet the bed after age five. Bed-wetting in children younger than five years is not unusual, even though it may be frustrating to parents.

## How can my doctor help?

Although most children who wet the bed are healthy, your doctor can find out if the bed-wetting is caused by a medical problem. First, your doctor will ask about your child's daytime and nighttime bathroom habits. Then, your doctor will do an exam and test your child's urine to check for infection or diabetes.

Your doctor may ask about how things are going at home and at school for your child. He or she will also ask about your family life, because treatment may depend on changes at home.

## How do you treat bed-wetting?

Most children outgrow bed-wetting without treatment. However, you and your doctor may decide your child needs treatment. There are two kinds of treatment: behavioral therapy and medicine. Behavioral therapy helps teach



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your child not to wet the bed. Some behavioral treatments include:

- Limiting fluids before bedtime
- Avoiding drinks with caffeine, like colas and tea
- Having your child use the bathroom at regular intervals during the day
- Ensuring a calm bedtime routine; have your child go to the bathroom at the start of the bedtime routine and then again right before going to sleep
- Using an alarm system that rings when the bed gets wet and teaches the child to respond to bladder fullness at night
- Asking your child to change the bed sheets when he or she wets
- Creating a reward system for certain behaviors, like a having a dry night, changing the sheets after bed-wetting, and waking to the alarm and then urinating
- Bladder training: have your child practice holding his or her urine for longer and longer times during the day, in an effort to stretch the bladder so it can hold more urine

### **What should I know about alarm systems?**

Alarm systems (bed alarms) are the best treatment for bed-wetting, but can take time and work. There are many different kinds of bed alarms, but none has been shown to be better than others. Most health insurance companies will not pay for these alarms. The goal of alarm therapy is for your child's body to learn when he or she needs to urinate, to then wake up, hold his or her urine, go to the bathroom, and urinate. Before starting alarm

therapy, you and your child should agree on responsibilities for using the alarm. Ideally, your child should respond to the alarm, turn it off, go to the bathroom to urinate, return to bed, and reset the alarm. However, you may need to help your child wake when the alarm sounds (some children may sleep through the alarm, or may learn to shut off the alarm in their sleep). Alarm therapy is not for every family. It is a big commitment. You should be prepared to use it every night for at least three months, and it may affect your sleep and your child's sleep.

### **What kinds of medicines are used to treat bed-wetting?**

Your doctor may give your child medicine if he or she is seven years or older, and if behavioral therapy (such as alarm therapy) has not worked. Medicines aren't a cure for bed-wetting, but may stop it while your child grows and develops to a point where it no longer happens.

The most common medicine used for bed-wetting is desmopressin. It helps the kidneys make less urine. It is a pill usually taken about one hour before going to sleep. It can be used every night or just for nights of important events, such as sleepovers or summer camp.

On the nights your child takes desmopressin, limit his or her fluid intake to less than 6 oz in the evening. Starting one hour before taking desmopressin, your child should not drink anything for eight hours until the morning. If things don't improve after a few weeks of treatment, your doctor may increase the dose. Desmopressin may be used for several months until you and your doctor decide to stop treatment. If bed-wetting returns, the medicine can be restarted.

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### How can I help my child cope with wetting the bed?

Bed-wetting can lead to behavioral problems because a child may feel guilty and embarrassed. Although your child should take responsibility for bed-wetting (such as having him or her help with the laundry), it is important not to make your child feel guilty. He or she should know that bed-wetting isn't his or her "fault." Punishing your child for wetting the bed will not solve the problem.

It may help your child to know that no one knows the exact cause of bed-wetting. You can explain that it tends to run in families (for example, if you wet the bed as a child, you should tell your child). Remind your child that it's okay to use the bathroom at night. Place nightlights leading to the bathroom so your child can easily find the way. You may also cover your child's mattress with a plastic cover to make cleanup easier. If accidents occur, praise your child for trying and for helping to clean up.

**Note:** This patient information handout is adapted from the following handout at FamilyDoctor.org: <http://familydoctor.org/familydoctor/en/kids/toileting/enuresis-bed-wetting.html>.

October 2014

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