

**BASIC INFORMATION****DESCRIPTION**

Involuntary urination during sleep that occurs more often than once a month in girls over 5 and in boys over 6 years of age. It is more common in boys than in girls. The occurrence of bed-wetting in children is 15% at age 5, 10% at age 6, 7% at age 8, 3% at age 12 and 1% at age 18.

FREQUENT SIGNS AND SYMPTOMS

Bed-wetting at night (occasionally during the day). This is not significant until a child is older than 6.

CAUSES

• In most cases, the cause of bed-wetting is unknown. The following are the most common causes or popular theories:

Underlying illness, such as diabetes or a urinary-tract infection.

A small or weak bladder that cannot hold one night's urine production.

Psychological problems caused by stress or separation from the mother.

Child who is a deep sleeper.

RISK INCREASES WITH

- Diabetes.
- Urinary-tract infection.
- Family history of bed-wetting (44% occurrence if one parent was bed-wetter, 77% occurrence if both parents were bed-wetters).
- First born child.

PREVENTIVE MEASURES

- No effective preventive methods known.
- Show your child love, support and understanding for this problem.

EXPECTED OUTCOMES

Bed-wetting may continue for several years. Medical tests may be conducted to rule out urinary-tract infections and diabetes as causes. If these are eliminated and your child is normal in other respects, consider that your child's bed-wetting represents a delay in maturing that will resolve with time.

POSSIBLE COMPLICATIONS

- Psychological and emotional scars that may affect the child's personality for years.
- Urinary tract infection.

**TREATMENT****GENERAL MEASURES**

- Prepare the bed and the child:
Protect the mattress with a heavy plastic cover.

Provide the child with extra-thick underwear and pajamas.

Discontinue diapers or plastic pants by age 4; they inhibit the child's motivation to improve.

Put an extra pair of underwear and pajama bottoms by the bed in case the child needs them during the night.

• Don't give any liquids to the child for 2-3 hours prior to bedtime.

• Have the child urinate at bedtime.

• Awaken the child to urinate after he has been asleep for several hours. If the child is old enough, he may be able to set the alarm clock to awaken himself and empty his bladder during the night.

• Reward the child for staying dry. Praise him, hug him, and tell of his success to people who are important to him, such as brothers and sisters. Use gold stars or happy faces to mark dry nights on a calendar if the child likes it.

• Respond gently to accidents. Don't blame, criticize, restrict or punish the child who has wet the bed. This can cause him to give up or lead to emotional problems.

• Follow instructions for any bladder-stretching or stream-interruption exercises or behavior-modification devices.

• Try alarms that are triggered by wetting. Reports indicate a 70% cure rate when using them.

MEDICATIONS

• Medicine usually is not necessary for this disorder.

• An antidepressant (imipramine) or a prescription nasal spray (vasopressin) may be recommended if other methods fail and the family favors medical treatment.

ACTIVITY

No restrictions.

DIET

No special diet. Encourage your child to drink as much fluid as possible during the day. Limit or discontinue any fluid intake during the 2 to 3 hours before bedtime.

**NOTIFY OUR OFFICE IF**

• You are concerned about your child's bed-wetting and your child is older than 6.

• The child dribbles urine, has a weak urinary stream, has pain when urinating or must strain to urinate.

• Medication is prescribed for the child and new, unexplained symptoms develop. Drugs used in treatment may produce side effects.