

FACTS *for* FAMILIES

No. 18

(Updated November 2002)

BEDWETTING

Most children begin to stay dry at night around three years of age. When a child has a problem with bedwetting (enuresis) after that age, parents may become concerned.

Physicians stress that enuresis is not a disease, but a symptom, and a fairly common one. Occasional accidents may occur, particularly when the child is ill. Here are some facts parents should know about bedwetting:

- Approximately 15 percent of children wet the bed after the age of three
- Many more boys than girls wet their beds
- Bedwetting runs in families
- Usually bedwetting stops by puberty
- Most bedwetters do not have emotional problems

Persistent bedwetting beyond the age of three or four rarely signals a kidney or bladder problem. Bedwetting may sometimes be related to a sleep disorder. In most cases, it is due to the development of the child's bladder control being slower than normal. Bedwetting may also be the result of the child's tensions and emotions that require attention.

- There are a variety of emotional reasons for bedwetting. For example, when a young child begins bedwetting after several months or years of dryness during the night, this may reflect new fears or insecurities. This may follow changes or events which make the child feel insecure: moving to a new home, parents divorce, losing a family member or loved one, or the arrival of a new baby or child in the home. Sometimes bedwetting occurs after a period of dryness because the child's original toilet training was too stressful.

Parents should remember that children rarely wet on purpose, and usually feel ashamed about the incident. Rather than make the child feel naughty or ashamed, parents need to encourage the child and express confidence that he or she will soon be able to stay dry at night.

Parents may help children who wet the bed by:

- Limiting liquids before bedtime
- Encouraging the child to go to the bathroom before bedtime
- Praising the child on dry mornings
- Avoiding punishments

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- Waking the child during the night to empty their bladder

Treatment for bedwetting in children includes behavioral conditioning devices (pad/buzzer) and/or medications. Examples of medications used include anti-diuretic hormone nasal spray and the anti-depressant medication imipramine. In rare instances, the problem of bedwetting cannot be resolved by the parents, the family physician or the pediatrician. Sometimes the child may also show symptoms of emotional problems--such as persistent sadness or irritability, or a change in eating or sleeping habits. In these cases, parents may want to talk with a child and adolescent psychiatrist, who will evaluate physical and emotional problems that may be causing the bedwetting, and will work with the child and parents to resolve these problems.

For additional information see *Facts for Families*:

#48 Problems with Soiling and Bowel Control, and

#34 Children’s Sleep Problems.

See also: *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

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