

# Bedwetting: The True Story

## Information Sheet

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### Introduction

Bedwetting, or what the medical profession call nocturnal enuresis, is a very common condition affecting one in eight children commencing primary school. Generally, most children spontaneously "go dry" overnight between the ages of two to six years. If a child continues to wet each night after the age of six it is worthwhile considering treating the condition. Even at age fourteen, 4% of adolescents continue bedwetting without treatment.

### What Causes Bedwetting?

Recent research shows that bedwetting is a strongly hereditary condition. The child has inherited several genes that sit on chromosomes twelve and thirteen. These genes delay the age at which a hormone is switched on of a night. The hormone is called Antidiuretic Hormone (ADH) or vasopressin.

The condition is primarily caused by the fact that the child's body is not producing adequate amounts of Antidiuretic Hormone when the child sleeps. Almost all children affected by bedwetting are heavy sleepers. The failure of the child to wake when their bladder is full is a common feature of the condition. This is referred to as an arousal failure.

Thus, the condition is physical or physiological in origin. The child is not responsible. It is beyond their control as they are deeply asleep when they wet.

### Common Falsehoods About Bedwetting

- **The child is lazy.**
- **The child drinks too much.**
- **The cause of bedwetting is emotional.**
- **The child should be held responsible and suffer the consequences, such as, washing their wet sheets.**
- **The child should be reprimanded and punished when they wet.**
- **Getting your child up throughout the night trains them to be dry at night**
- **Restricting fluids before bedtime stops them wetting at night.**

**All of these common falsehoods are incorrect.**

### What Should Parents Do When Their Child Wets?

#### **Under Six Years of Age**

- Be loving and supportive to your child.
- Encourage good fluid intake such as milk and water.
- Try to get your child to drink regularly throughout the day. At all mealmeals and morning and afternoon tea to help improve their bladder cappacity.
- Try every few months without a pullup to see if they are having any dry nights.

#### **Over Six Years of Age**

- Be loving and supportive to your child.
- Encourage good fluid intake such as milk and water.
- Consider treatment for the condition, particularly if the child is concerned about the wetting.

### Treatment Options

The most effective treatment is a consultation with a health professional and the use of a high quality enuresis alarm. The alarm is used on the child's bed and each time they wet the alarm is triggered. They wake and empty the contents of their bladder into the toilet. For most children about six weeks of treatment they achieve complete overnight dryness.

There are also personal alarms that go into childrens underwear.

It is important that a suitably qualified health care professional supervises the treatment program. Importantly, this treatment approach is curative.

### Drug Therapy

The drug treatments which can be used is Minirin®, desmopression acetate, which is available on prescription as a nasal spray, tablet or melt form It is an artificial form of Antidiuretic Hormone (ADH) or vasopressin. It needs to be taken each night to be effective. It is not curative but in about 60percent of children reduces the amount of urine produced at night so they can sleep through.

### Treatment Services

Public Hospital Enuresis Clinics  
Private Continence Services  
Awakedry Bedwetting Treatment Service