BEDWETTING BRIEF

Useful Techniques for Treating Enuresis

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Talking about bedwetting to parents and families

It's common for patients to be reluctant to bring up bedwetting. You may have found that they wait until you're ready to walk out of the exam room before they bring up the topic. Here's why:

- Parents are embarrassed and think it's a reflection of their parenting skills, that it's something they must live with.
- If the parent didn't stop bedwetting until later years, they think their own child must do the same.

Most parents aren't aware of the psychosocial effect bedwetting can have on their child's life. And they don't realize that enuresis is a real medical condition, with available treatment.

The consensus of pediatric experts.

Even within a physician's tight time constraints, it is still possible to ask about bedwetting as part of a regular exam for children over the age of 5 to 6. The consensus of pediatric bedwetting experts today is that treatment is indicated for children 6 and over who would like to be dry at night.[1] Recommending a "wait and see" approach can actually be a barrier to effective treatment.

The biggest mistake parents make initially is to expect their child to hear the alarm, jump out of bed and run to the bathroom.

While 15 percent of children with bedwetting will spontaneously stop each year; 85 percent will not. And it's impossible to predict which group a particular child will fall into. Children rate bedwetting as the third most stressful life event, preceded only by parental divorce and parental fighting.[2]

It is important that bedwetting be addressed as early as possible to limit the psychosocial impact on child and family, school achievement and overall social development.

Research demonstrates the most effective, lasting cure.

Research continues to demonstrate that behavioral conditioning with the use of a bedwetting alarm is the most effective and lasting cure for bedwetting.[3] Many families also prefer a non-medicinal approach, especially with their younger children.

Proper use is key.

However, using a bedwetting alarm does require motivation, time and understanding on the part of the child and their parents. When prescribing an alarm, it is crucial that the family knows how to properly use it. The biggest mistake parents initially make is to expect their child to hear the alarm, jump out of bed and run to the bathroom.

How parents and family fit in.

In fact, the alarms are initially more for parents, who hear the alarm, go to their child's room and remind them of what to do next. For this reason, vibratory-only alarms are not effective when children are first learning to stay dry at night.

See Tips for Using a Bedwetting Alarm – enclosed and included with every alarm from the Bedwetting Store. You are free to reprint for your patient use or print out from www.bedwettingstore.com.

There are some families that may find bedwetting alarms difficult to use. There are also situations, such as those that involve many social obligations, sleep-overs or shared custody settings, when it is helpful to know that alarms can be used in conjunction with

medication. A medication such as desmopressin can be used on those nights when using an alarm would not be practical. In those situations, the alarm could be resumed the following night.

In situations where the alarm is going off several times during the night, a small dose of desmopressin – not enough to stop the wetting entirely – could be useful. The child still gets practice learning the new behavior but it would not mean as many sleep interruptions for the parent.

The results.

The average time for cure is 10 to 12 weeks and each child's response is different, but consider this: in 6 months, a child using a bedwetting alarm will most likely be dry compared to a child using medication exclusively who will most likely still be bedwetting when the medication is stopped.

[1] Best Practices for Treatment of Primary Nocturnal Enuresis: Strategies for the Clinician from Leading U.S. Enuresis Clinics. DOVE Center, 2004.

[2] Van Tijen NM, Messer AP, Namdar Z. Perceived stress of nocturnal enuresis in childhood. Br J Urol. 1998 May: 81 Suppl 3:98-9.

[3] Bosson S, Lyth N. Nocturnal enuresis. In Barton S, ed. Clinical Evidence. Issue 5. London: BMJ Publishing: 2001; 6:300-305.

Bedwetting Tips

DON'T...

- *Recommend bladder stretching exercises* – an outdated therapy as urodynamic studies of many enuretics are normal.
- *Have the child practice starting and stopping the flow in the daytime* – it can create a true voiding dysfunction.
- *Restrict evening fluids* – proper hydration is important because enuretics will continue to wet even if fluids are severely restricted. However, moving the fluid intake to earlier in the day may be helpful.
- *Set alarm clocks in the night* – there is no way to pinpoint when the child needs to urinate and it could actually train the bladder to expect to be emptied at those set times rather then naturally.

DO...

- *Recommend drinking adequate amounts throughout the day* – so the bladder is emptied at regular intervals.
- *Recommend that antihistamines or other medications that affect sleep patterns be taken at a time other than bedtime.*
- *Limit evening carbonated and caffeinated beverages* – after dinner, water is the beverage of choice.
- *Recommend discontinuing disposable night pants* – when they begin using bedwetting alarms.

Take-home Points...

- Ask parents about bedwetting.
- Assure parents that bedwetting is a real medical condition that is treatable.
- For any child over 6, parents can take action rather than idly waiting for bedwetting to subside.
- Bedwetting alarms are the most effective cure for bedwetting and should be considered for first-line treatment.
- Wait-and-see approach – especially for patients with a positive family history of older enuretics – can be a barrier to treatment.
- The type of bedwetting alarm a family chooses can make a huge difference in the results.

Bedwetting Brief *is written by Renee Mercer, Certified Pediatric Nurse Practitioner and founder of the Bedwetting Store. Renee can be reached at 1-800-214-9605.*