

BEDWETTING BRIEF

Useful Techniques for Treating Enuresis

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Strategies for treating teens and older children with bedwetting

Nocturnal enuresis does become less prevalent as children grow older, however, 1-6 % of 15 year olds continue to be affected. With so many other topics regarding an adolescent's health that need to be covered in a short office visit, asking about bedwetting seems to be low on the priority list. But these kids need your guidance! By the teen years, bedwetting has had an impact on social development, and has limited opportunities for sleepovers, camps, and school trips.

- Initiating treatment in bedwetting children at age 6 or 7 is the current recommendation, but if your patient has "slipped through the cracks," it's never too late to intervene.
- One study reports that up to 40 % of teens with nocturnal enuresis have received no therapy for their bedwetting.¹

Older children are affected

Time and maturation play a role in decreasing bedwetting episodes, and most bedwetters are urologically normal. Especially in teens with no history of urinary tract infections or daytime wetting problems, a urinalysis and urine culture can be used to rule out concentrating defects, infection, diabetes mellitus and insipidus, and occult blood. Teens with associated daytime symptoms should be seen by a pediatric urologist.

Bedwetting alarms as a cure for enuresis

Bedwetting alarms offer a permanent cure for enuresis, even in the older child. The exact

mechanism of action is unknown. The change that the alarm initiates may be a physiologic one, possibly teaching contraction rather than release of the pelvic floor muscles in response to a full bladder. In a recent research study, it was concluded that the daytime functional bladder capacity of children who were dry after using a bedwetting alarm was actually larger than before they began using the alarm.²

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Best bedwetting alarms for teens

Although most bedwetting alarms are similar in function – to sense moisture and alert the wearer – they differ significantly in durability, ease of use and the way they connect to the underwear and user.

The **Rodger Wireless Alarm** is perfect for teens. The moisture sensing threads are sewn into special briefs.

When wetting occurs, a signal is transmitted to a sound unit plugged into the wall. This unit continues to sound until the user walks to the wall and turns it off. Teens have higher compliance when hooking up this type of alarm before bed because they simply have to put on the specialized underwear (available in sizes up to adult XL). Boxers or pajama bottoms can be worn over the underwear, if preferred. No shirt needs to be worn for alarm attachment and since the briefs detect moisture on all sides, selecting a site for sensor placement is not a concern. Additionally, many teens are already accustomed to waking to an alarm clock to get ready for school in the morning. The bedwetting alarm also requires their attention, only this one alerts them that they need to walk to the bathroom.

Another effective alarm for older boys or girls is an alarm that both sounds and vibrates, such as the **Malem Ultimate**. This alarm provides two stimuli, sound and vibration, and many families find that this is very beneficial to alert their sound sleeper. The sensor cord is long enough to attach to the shoulder unless the user is over six feet tall. This alarm also has a two-step turn off, which facilitates more wakefulness and eliminates the behavior of disconnecting the alarm, rolling over and going back to sleep. The **Selectable Malem Ultimate** has the additional feature of allowing the user to select the specific or random sound that they want to be alerted to that night.

What to expect

Most alarm users, even teens, do not respond to the alarm independently in the beginning. For this reason, the parents' role is still very important. Parents typically hear the alarm sounding from their room. They should immediately go to their child's room, and remind them what to do: "That's your alarm. You need to get up, put your feet on the floor and walk to the bathroom." As their teen begins to make the association between that sound and waking to go to the bathroom, the parents' role is less important. The first month of using an alarm is the most difficult for both parents and teens but perseverance pays off as positive changes are observed and dry nights are achieved.

Supportive treatment techniques

In many cases, a sleepover invitation or camp commitment comes up before complete dryness is accomplished. Using a bedwetting alarm in any situation where it could cause embarrassment to the child would not be recommended. Here are a few ways to handle this:

- **A medication, such as desmopressin, could be introduced for special occasions.**
The dosage (one to three tablets) is variable and should be ascertained before the event. This medication works best if taken within an hour of actually going to sleep. Taking it too early in the evening may allow some of the medication's effectiveness to decrease by morning.
- **Double voiding before bed and limiting evening fluids to water** may be beneficial.
- Using a **waterproof sleeping bag liner or waterproof pad** pinned discreetly inside the sleeping bag would prevent wetness from leaking through the sleeping bag.
- **Return to regular alarm use when the sleepover has passed.**

Teens have more success if their alarm can be used consistently. For kids who alternate between two households, it is preferable that both parents cooperate with the alarm requirements. Teens who use the alarm intermittently will see changes but they happen more slowly.

Becoming dry at night

Several effective treatment options are available for you to offer your next older patient with nocturnal enuresis. The worst treatment is to do nothing and just hope that it goes away. Becoming dry at night allows children and teens the freedom to do what other kids do — have fun at camp and sleepovers, with no worries.

1. Nappo, S Del Gado R, Chiozza MI et al. Nocturnal enuresis in the adolescent: a neglected problem. *BJU Int.* 2002; 90-92.
2. Hvistendahl GM, Kamperis K, Rawashdeh YF, Rittig S, Djurhuus JC. The effect of alarm treatment on the functional bladder capacity in children with monosymptomatic nocturnal enuresis. *The Journal of Urology*, 2004; 171:2611

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