

What Can I Do About My Son's Bedwetting?



Q. My son is 8 years old. He wets the bed every night. I don't know what to do. I'm so tired of it. Do you have any suggestions?

A. You are not alone. Millions of kids and teenagers from every part of the world wet the bed every single night. It's so common! The fancy name for bedwetting, or sleep wetting, is nocturnal (nighttime) enuresis (en-yoo- **ree**-sus). Enuresis runs in families. The most important thing to remember is that no one wets the bed on purpose. It doesn't mean that he's lazy or a slob. It's something he can't help doing. For some reason, kids who wet the bed are not able to feel that their bladders are full and don't wake up to use the toilet. Sometimes a kid who wets the bed will have a realistic dream that he or she is in the bathroom - only to wake up later and discover he or she is all wet.

Many kids who wet the bed are very deep sleepers. Is he hard to wake up? Some kids who wet the bed do it every single night. Others wet the bed some nights and are dry on other nights. A lot of kids say that they seem to be drier when they sleep at a friend's or a relative's house. That's because kids who are anxious about wetting the bed, may not sleep much or only very lightly.

Incidence?

Most doctors consider a bedwetting child to be any girl older than age four and any boy over age five who wet the bed. Bedwetting generally declines with age. About 10% of all six year olds and about 3% of all 14 year olds wet the bed. In a very small number of cases, bedwetting can continue into adulthood. Bedwetting is considered to be PRIMARY if the child has never been dry at night or only is occasionally dry at night. SECONDARY enuresis refers to bedwetting episodes that occur after a child has been dry at night for a considerable length of time. Children with attention deficit hyperactivity disorder, learning disabilities, emotional trauma or allergies seem to be more likely to be bed-wetters than children in the general population.

What Are the Effects of Bedwetting on Children?

By the first grade, most children are embarrassed by their bed-wetting condition. They tend to withdraw from social activities that require sleeping outside of their home. They also often suffer from low self-image. These children's feelings can be greatly affected by the attitudes of their parents, who may feel that their efforts to end the bed-wetting have failed. Parents may also feel frustrated, angry and embarrassed about their children's bed-wetting condition. Parents can help their children reduce negative feelings about their bed-wetting condition and speed up the process of overcoming it, by offering positive support, understanding and encouragement. Don't make it a big deal!

Good News!

The good news is that almost all kids who wet the bed eventually stop. So if he wets every night, don't be discouraged. Don't worry that he's not normal, either physically or emotionally. Sleep wetting is not usually caused by a problem with his body or his feelings. It's likely that bedwetting will go away on its own. In fact, 15 out of 100 kids who wet the bed will stop every year without any treatment at all. It's still a good idea for you to talk to your doctor about it. Your doctor will be able to tell you if it's a serious case or if he's ok and will outgrow it. The

pediatrician will examine him and probably ask for a urine sample to test. Some kids who have other problems, like constipation, daytime wetting, or urine infections, may need some extra tests.

What can you and your son do?

Since he wets the bed, there are some things he can do to decrease the amount and occurrence somewhat:

1. Tell him to try not to drink anything after dinner and remember to go to the bathroom before going to bed.
2. If he does wet the bed, he can help with the cleanup by pulling off the sheets and putting them in the laundry. This is **not** meant to be a **punishment** because he can't help it. It just makes it easier to clean the bed if he puts his sheets and bedding in the laundry. Keep a fresh pair of sheets in his room so he can change the bed during the night without waking you.
3. A lot of doctors think that the best treatment for enuresis is a program that retrains his brain to do one of two things: wake him up so you can go to the bathroom and/or stay asleep and hold it until morning.
4. This program includes doing bladder exercises, such as waiting a little longer to urinate during the day, reading about and imagining staying dry, or even using a tiny alarm. The alarm is connected to a pad placed in his underwear at night. If he starts to urinate, the pad senses the moisture and sets off the alarm. Different alarms buzz, vibrate, or do both, but they're all easy to use and can help wake even the deepest sleeper.

What Are Some Other Options?

There are medicines for kids who wet the bed. They might help him temporarily, but they don't cure bedwetting. These medicines work best when combined with the alarm or other training programs. It may take some practice to retrain his brain, and you'll need to be patient. Eventually, he will stop wetting the bed. Two medications include: [Imipramine](#) ([Tofranil](#)) which is a tricyclic antidepressant. It is thought to either improve the child's sleeping pattern to improve the functioning of the smooth muscles found in the bladder. This medication brings some improvement to about 30% of the children who have tried it. Often, the symptoms return when the medication is discontinued. The drug can cause serious side effects and needs to be closely monitored by the prescribing physician.

[Desmopressin acetate](#) is a synthetic form of the anti-diuretic hormone and is administered as a nasal spray. It helps the child's body make less urine, and thus lessens the risk that the child's bladder will overflow during sleep. The medication often works quickly. However, the condition may return after discontinuation of its use. While this medication is much safer than Imipramine, it still can cause some side effects.

Behavioral treatment is often more effective and certainly is safer than medical treatment. While behavioral treatment may take somewhat longer to show results, the improvement usually continues indefinitely. There are several methods that may be helpful:

Retention Control Training: The child is asked to control urinating during the day by postponing it, first by a few minutes and then by gradually increased amounts of time. This exercise can extend the capacity of the bladder and strengthen the muscle that holds back urination. Parents should always check with a doctor before asking their child to practice retention control.

Night-lifting:

This procedure involves waking your child periodically throughout the night, walking your child to the bathroom to urinate, and then returning your child to bed. By teaching your child to

awaken and to empty his or her bladder many times during the night, it is hoped that he or she will eventually stay dry.

I would strongly recommend that you visit your pediatrician to rule out any physical illness that your son may have. Then relax! Making a big deal about bedwetting will only make your son nervous and more likely to wet the bed. Make it part of his morning routine to put bedding in the laundry room and then no mention of it after. He's almost to the age that he will stop soon. Good luck!

Information gathered from the www.kidshealth.org and www.childdevelopmentinfo.com .

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