

Bedwetting

Hilliard Pediatrics, Inc. - Dr. Tim Teller, MD

Introduction

Bedwetting, also called *nocturnal enuresis*, is a common childhood condition. Bedwetting means that a child is not able to stay dry as they sleep. We generally refer to it as bedwetting when the child is **6 years of age** and older. Chances are that most people with a child who wets the bed are *not* talking about it with their friends and family. Although we know that so many children that wet the bed are not doing it on purpose, for attention, or are being lazy, people still rarely talk about it. That means that you might not hear about other children having this problem. But 1 out of 7 children wet the bed at 5 years of age. By 10 years of age, only one out of 20 children still wet the bed. That means that every year about 15% of those kids that are bedwetting will become dry. Only 1 in 250 adults still have bedwetting issues.

Bedwetting is felt to be related to a number of things. Some of these children have a small bladder (where you hold your urine) size compared to other kids their age. Some of these children have such a deep sleep that they could sleep through practically anything, including their bladder telling them it is time to use the bathroom. Also, a number of these children make more urine overnight than others. All of these issues get better with time. Bedwetting often runs in families. A child has a 1 in 2 chance of bedwetting if one parent wet the bed. About 7 out of 10 children who wet the bed have a family member who wet the bed. How long (to what age) a parent or family member wet the bed seems to affect how long the child wets the bed.

About 3 out of 4 times when someone becomes dry, they are dry because they simply hold their urine overnight. Only about 1 out of 4 times does someone only stay dry overnight by getting up to go to the bathroom. Once a child goes from never being dry to having a few dry nights a month you are heading in the right direction. Be patient!

What to do for Bedwetting

First, **do not get too stressed about this**. There is such a good chance this will pass on its own.

Second, it is fine to have your child continue to wear a pull-up every night. It is so easy to get frustrated with having to change and wash wet pajamas and sheets each morning, it is better to skip the frustration and simply continue the pull-up. If someone is leaking through a standard pull-up, the Good Nights brand sometimes holds more urine over-night. If someone is leaking through a pull-up on a regular basis, make sure you have a water-proof mattress cover in place and consider having your child wear the next size up of pull-up over the first in order to stay more dry. When to stop the pull-up? If your child has consistently stayed dry, try a few nights without the pull-up. If they remain dry, terrific. If not, without stressing too much (!), go back to the pull-up. If you think your child is “being lazy” with the pull-up being on and could stay dry, you may have to do a trial without the pull-up and offer a reward of some sort if they can stay dry for a week – it may motivate them enough to do it.

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Third, it certainly can help to cut down on how much your child drinks in the evening. This does not always keep someone from wetting, but having less to drink means that there will be less overnight that their bladder has to hold to stay dry. Cutting off any fluids after dinner (except for some water to rinse the mouth after brushing the teeth before bedtime) is what is most commonly recommended. If this is causing family stress and whether your child drinks a lot or a little does not affect how dry they stay the next day, do not make it an everyday rule to stop taking anything in to drink after dinner. Avoid caffeine and carbonated drinks since they can make bed wetting worse.

Many families ask me if it is helpful to wake up the child who wets the bed after they have gone to bed to have them go to the bathroom to urinate again. If this allows a child to keep more dry, you certainly can keep it up. But if the child often is still wet in the morning even if you did wake them up or it is stressing everyone out, I would not keep it up. What ultimately keeps kids dry is them either holding their urine over night or them waking on their own to go empty their bladder at night. You waking them up at night after they have already gone to bed does not make either of these happen sooner. But if it is working for your family, it is fine to continue.

Tips for Sleep-overs

Children who wet the bed (and their parents) often get stressed about sleep-overs. For some children the prescription medicine DDAVP is helpful. For everyone, it will be helpful to have them not over-do it with how much the child drinks in the evening, to avoid caffeine and carbonated ("pop" or "soda") drinks, and to have the child empty their bladder right before bedtime. If someone takes DDAVP and you need to "come up with a story", it is fine to tell other children that your child is taking the medicine for "allergies". Another "trick" to hide the use of a pull-up is to place the pull-up down in a sleeping bag that the child brings to the sleep-over. When it is time for bed, the child can pull the pull-up on while in the sleeping bag. In the morning, have your child leave the pull-up in the sleeping bag (and put back on their underwear) and remove the pull-up from the sleeping bag when they get home from the sleep-over.

Treatment

Treatment for Bedwetting with an Alarm

Bedwetting alarms can be very helpful to help your child stay dry at night. They work with kids that are highly motivated to stay dry. The idea is for a loud noise or a vibrating "pager" to wake up your child just as they first start to wet at night. Eventually, it trains the child to feel when they are about to wet bed, giving them time to get to the bathroom. Over time, this has a high success rate in helping kids stay dry, even after they stop using the alarm. If it is helpful and then wetting occurs again, using the alarm for another stretch often keeps someone dry for a long time. These alarms are covered by some insurance companies. If yours does cover some or all of the cost of the alarm, let us know and we can write a prescription for one. The best place to see all the types of alarms is

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the Internet. The website www.bedwettingstore.com is an excellent source for more information and a place to buy the alarms.

Treatment for Bedwetting with DDAVP

DDAVP (1-desamino-8-D-arginine-vasopressin) is a synthetic hormone. It tells the kidneys to **slow down urine production**. It is used to **decrease bedwetting**. It was available as a nasal spray and now is in **tablet** form. It works for 4 to 8 hours (or more) while you sleep. DDAVP does not cure bedwetting; it only works on the nights it is used. It works in 70-85% of children using it for bedwetting. Many children using DDAVP *will not have any bedwetting while using it*. Others will have about half the wet nights they would have without it. This medicine is quite expensive, and it is not unusual for insurance companies to have some restrictions about covering DDAVP's use. Some insurance plans require that a bed-wetting alarm be used to decrease (or stop entirely) bed-wetting before they will cover the DDAVP medication. The following tips are intended to allow the use of the lowest dose possible for success.

1. Take **30 minutes before** bedtime. Do not lie down immediately after using DDAVP.
2. Keep to a minimum any fluid intake 2 hours before and 8 hours after using DDAVP. Drink just enough to satisfy thirst. Avoid caffeine containing beverages because caffeine makes bed-wetting more likely. Empty the bladder just before bedtime.
3. DDAVP can be given with **any** over-the-counter medicine for fever, pain, cold, allergy, or cough. It also can be given at the same time as antibiotics. Note, however, that any medication that would make a child more drowsy -- in a child already prone to bed-wetting -- could make it more likely that they would bed-wet that night.
4. DDAVP is unlikely to cause side effects. The most common side effect is headache, but this usually only occurs in 1 in 25 children taking DDAVP. Other less common side effects were nausea (upset stomach), flushing, and mild abdominal cramps. If side effects are to occur, you would notice them within the first 1-2 weeks using the medicine. If they are mild, try continuing the medicine a little while longer as the side effects are likely to go away.
5. DDAVP should work as well whether you take it every night or just on occasion (for sleep-overs, camping, vacations, etc.).
6. If it is working well, DDAVP can be safely continued for months and years, if needed.

Instructions for use of the tablets:

- The tablets can be swallowed whole, chewed, or dissolved in a small amount of liquid and drank. They will actually dissolve in the mouth after 20-30 seconds if not swallowed right away. They are essentially tasteless.
- The usual **starting dose** of DDAVP 0.2 mg tablets is **two tablets** for anyone 6 years of age and older.
- If you are dry every night (or nearly every night) you have taken two tablets, you may try taking just **one tablet** before bedtime.

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- If after the first two weeks of taking two tablets each night the number of wet nights has not been at least cut in half, increase the dose to **three tablets** each night (the maximum recommended dose per night is three tablets). If after two weeks of three tablets each night the number of wet nights has not at least been cut in half, stop the DDAVP tablets. If you call our office during regular office hours, we can suggest other treatment options.
- You may continue for months or years taking the dose that works for you.
- After a few months of being dry at a particular dose, you may want to wean off the medicine. If so, try taking one less tablet each night for two weeks until you have weaned to one tablet each night. Then try taking the medicine every other day for a month, then stop the DDAVP entirely.

Call during routine office hours if you have questions about DDAVP.

When to do Something Else

If the following things are going on, we need to hear from you.

- If your child **was dry** for months and is **wet again**, give it some time. It is not unusual for this to happen. It can be a new change at home or school that triggers these episodes. If they do not pass within a few weeks, call for advice.
- If your child 5 years of age and above has both **daytime accidents** and nighttime bedwetting, we want to hear from you.
- If your child has tried the alarm and DDAVP and has yet to have any success, call our office. We often refer these children to the Pediatric Urologist at Children's Hospital.

Resources

- **National Kidney Foundation**, www.kidney.org – for helpful information.
- **Waking Up Dry**, [Waking Up Dry](#) – this book is written by Dr. Howard Bennett, M.D. and has lots of good information.
- **Bedwetting Store**, www.bedwettingstore.com -- this site is very helpful for finding information about and purchasing the alarms.
- **Goodnites**, www.goodnites.com -- the maker of GoodNites has a website with lots of information about bedwetting.