

Questions and Answers about Bed-wetting

English – engelska

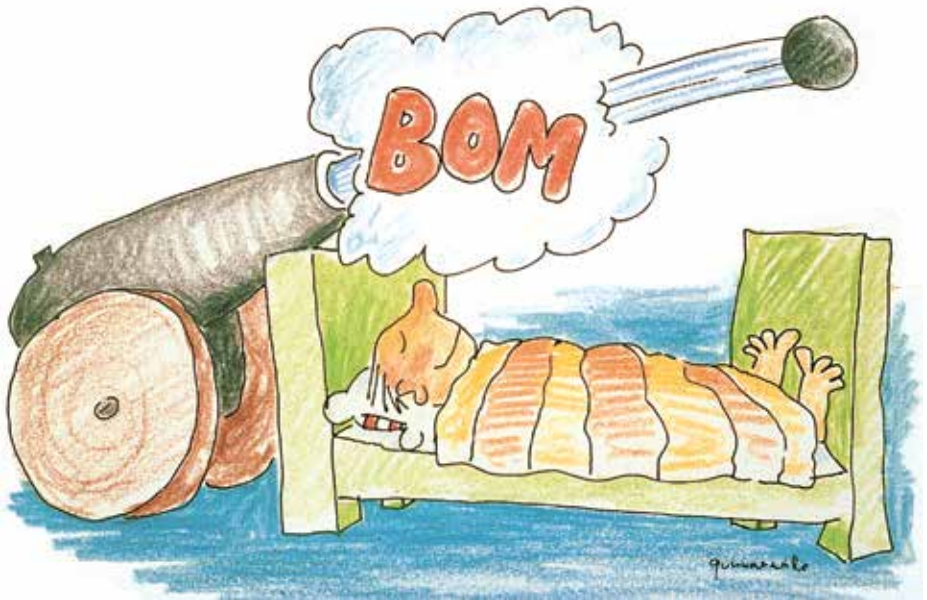
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How common is bed-wetting?

Most children become dry aged 2-3; usually they are dry during the day before they are dry at night. If a child still urinates in their sleep after the age of 5, this is known as bed-wetting or nocturnal enuresis. Roughly one in five 5 year-olds and one in ten 7 year-olds are bed-wetters. Twice as many boys as girls have this problem. Bed-wetting affects about 1-2 % of people in their teens.





What causes bed-wetting?

It is still unclear why some children and adults with nocturnal enuresis do not wake when they need to urinate. However, research into this problem is making progress, with a great deal having been learned in recent years. It is well known that hereditary mechanisms are involved. There is a family history of bed-wetting in 75 % of cases of children who wet the bed.

Bed-wetting is almost never psychologically induced. Children who wet the bed are just like other children, but problems can arise as a result of their bed-wetting. Children are worried about telling their friends about it and don't dare to sleep over, are reluctant to go to summer camps, etc. This can lead to a deterioration in their self-confidence.

It is common for parents to feel that because their children wet the bed they must be sleeping more deeply than other children. Research has shown that they do not wake as easily, but their sleep is otherwise normal. It has also been demonstrated that they usually have healthy urinary tracts with bladders that are normal in terms of both size and emptying.

However, some children who wet the bed produce more urine at night than other children of the same age, sometimes this is more than they produce throughout the entire day. Another cause of bed-wetting may be that the bladder is not functioning correctly, in which case the child may also have urination problems during the day and, in some cases, recurring urinary tract infections.

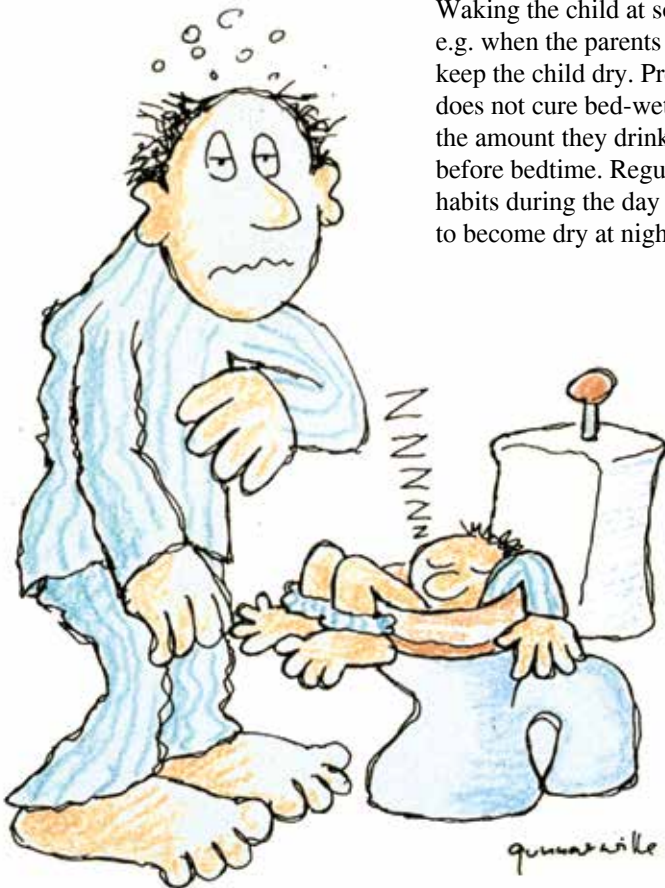
What kind of investigations does the doctor perform?

Children who wet the bed should see a doctor or urotherapist/specialist nurse before treatment is started. The doctor or nurse finds out the facts about the child's development and any illnesses, whether the child is constipated, if there are any problems with urination during the day and other factors which may explain the enuresis. A normal physical examination follows, and a urine sample is checked.

What can I do?

Bed-wetting is not usually treated in children under the age of six as many will still become dry spontaneously. Furthermore, enuresis is seldom a concern at that age. It is important to make it clear to the child that it is not their fault they wet themselves. A durable mattress which is easy to clean, or a mattress protector with high absorbency (obtainable on prescription) can make matters easier for the family.

Waking the child at some point during the night, e.g. when the parents themselves go to bed, may keep the child dry. Preventing the child from drinking does not cure bed-wetting, but it is wise to keep down the amount they drink in the evening, especially just before bedtime. Regular mealtimes and toileting habits during the day make it easier for the child to become dry at night.



What treatment methods are available?

There are two primary methods used to treat bed-wetting – alarms and medicines.

Bed-wetting alarms

A bed-wetting alarm is a treatment that can have a good effect on bed-wetting. However, it does require both commitment and perseverance from the child, their family and doctor/nurse/urotherapist. This method is believed to help the brain interpret signals from the bladder during sleep, so that the child either wakes and gets up to urinate or holds it in until morning.

The alarm is triggered by the first drop of urine. The idea is that the child will then stop urinating, wake up, get out of bed, go to the toilet and finishing urinating there.

At the start of the treatment, it can be difficult for the child to wake and the apparatus wakes the rest of the family instead, but once everything starts to work, dry nights become more and more common. The alarm should be used until the child has had two completely dry weeks. In the case of a relapse, a new course of treatment is recommended.



Medication

Historically, many medical treatments have been tested. Today, there are medications available on prescription which are used for bed-wetting.

One of them is very similar to the body's own hormone vasopressin, and has the same inhibitory effect on urine production during the night. Medication and alarms can be combined if neither is entirely effective on its own. Medication can be administered every night, or even just on specific occasions such as when the child has a sleepover with friends or goes to a summer camping.



Summary

Many children have problems with bed-wetting right up to school age. There are often urinary problems in the family. Nocturnal enuresis can and should be treated. Help is available for everyone.

The most common forms of treatment are alarms and medication. The appropriate age to start is around 6. The child and the family choose the most suitable treatment together with the doctor in each individual case. If this is not successful, change to the other method or combine both.

If neither alarm nor medicine has proven effective, do not give up:

- Roughly 15% of bed-wetters become dry spontaneously every year.
- A new course of treatment at a later stage may very well prove effective.
- Until the problem is solved, aids such as mattress protectors can be obtained free of charge from, for example, the district nurse.
- Additional forms of treatment are offered at specialist clinics.

It is important never to punish or judge a child who wets the bed. The child should instead be praised for their participation in the treatment. Attempting to improve the child's self-confidence makes it easier for them to become dry

Recommended sites: www.tornatt.nu and www.svenskaenures.se



www.tornatt.nu
www.svenskaenures.se



Questions and Answers about Bed-wetting is part of the Swedish Enuresis Academy's (SEA) publication series.

The Swedish Enuresis Academy was formed in 1993 as a medical expert and reference group for questions related to enuresis and incontinence problems in children and young people. Its members represent general paediatrics, school healthcare, paediatric neurology/habilitation, paediatric nephrology, paediatric urology, child psychiatry, adult urology, renal physiology and neurophysiology, urotherapy and pharmacology.

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Bruno Häggglöf, Barn- och ungdomspsykiatri, Umeå Universitet, Umeå
Sven Mattsson, Barn- och ungdomssjukhuset, Universitetssjukhuset, Linköping
Tryggve Nevéus, Njur- och urinvägsenheten, Akademiska Barnsjukhuset, Uppsala
Anders Amer, Avd för fysiologi och farmakologi, Karolinska Institutet, Stockholm
Anna-Lena Hellström, Uroterapiavdelningen, Drottning Silvias Barn- och ungdomssjukhus, Göteborg
Gunilla Glad Mattsson, Barn- och ungdomssjukhuset, Universitetssjukhuset, Linköping
Maria Herthelius, Nefrosektionen, Barnens sjukhus, Karolinska Universitetssjukhuset Huddinge, Stockholm
Annika Lindgren, Skolhälsovården, Utbildningsförvaltningen, Malmö
Sivert Lindström, Institutionen för klinisk och experimentiell medicin, Hälsouniversitetet, Linköping
Göran Läckgren, Barnkirurgiska kliniken, Barnurologiska sektionen, Akademiska Barnsjukhuset, Uppsala
Lars Malmberg, Urologkliniken, Universitetssjukhuset, Lund
Lars Engstrand, Institutionen för MTC, Karolinska Institutet, Stockholm
Erik Persson, Avdelningen för fysiologi, Institutionen för medicinsk cellbiologi, Uppsala Universitet, Uppsala
Ulla Sillén, Barnkirurgiska kliniken, Barnurologiska sektionen, Drottning Silvias Barn- och ungdomssjukhus, Göteborg
Hans Smedje, BUP-verksamheten, Stockholms Läns Landsting, Stockholm
Arne Stenberg, Barnkirurgiska kliniken, Barnurologiska sektionen, Akademiska barnsjukhuset, Uppsala
Damien Brackman (adjungerad), Barneklubben, Haukelands Universitetssykehus, Bergen, Norge
Søren Rittig (adjungerad), Børneafdeling A, Århus Universitetshospital, Skejby, Danmark
Jens Peter Nørgaard (hedersmedlem), Urologkliniken, Universitetssjukhuset, Lund

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Ferring Läkemedel AB, Box 4041, 203 11 Malmö, Sweden
Tel: 040-691 69 00. info@ferring.se, www.ferring.se