# BED WETTING

*And the Journey to Dry Mornings*

Whether your child has just experienced his or her first bed wetting incident, or it has been happening for years, you are both likely encountering a barrage of emotions. You may feel alone in a journey that seems unending. But in truth, you're not. It is estimated that between 5 and 7 million people in the United States suffer from this life-altering problem. Because of this, a significant demand has been presented to the medical community. In return, we have been gifted with a wealth of information to better understand and treat this predominantly childhood complication. Here, we will outline what we know to be true about bed wetting, what you can do to curb its occurrence, and eventually, say goodbye to this nuisance once and for all.

A child that wets the bed is likely to experience emotional symptoms such as embarrassment, loneliness, and a fear of sleeping away from home. As a parent, you may feel aggravated and helpless in offering any type of effective solution. As a teen or adult that continues to wet the bed, or has recently begun to wet the bed after a cessation, you may feel puzzled, worried, and again, helpless. As with any problem, the road to resolution begins with a deeper understanding of its cause. And as a circumstance steeped in complications that hold heavy emotional, esteem, and hygienic concerns, bed wetting is a problem worth addressing.

Bed wetting is diagnosed using two different medical terms – Primary Nocturnal Enuresis and Secondary Nocturnal Enuresis.

Primary Enuresis involves regular wetting of the bed, usually at least 2 times per month. Most prevalent in children ages toddler through 5, it is widely considered to be part of normal development for some children, and is quite common. Research shows that 15% percent of all 6-year-old children sleep with this problem, while 5% of 10-year-old children do the same.[i] It is more common for boys than girls, and sound sleepers tend to be more prone to bed wetting. If a child continues with a Primary Enuresis problem after the age of 6, studies suggest that only 15% of them will find relief by the age of 7. Sufferers over 15 years of age are likely to experience problems throughout their life, if they do not seek professional treatment.[ii]

It is important to understand that bed wetting is not a product of noncompliance, laziness, or emotional instability on the part of your child. As mentioned above, common bed wetting is generally part of a developmental transition. Infants urinate throughout the night and day, with their bodies making no differentiation between waking and sleeping hours. They most often awake with a wet diaper. Adults' nervous systems are fully developed, sending signals from the bladder to the brain, asking them to awake and urinate. Even so, adults rarely need to arise to urinate during the night, due in part to Antidiuretic Hormone (ADH), which is secreted during sleep to reduce kidney output. Children that wet the bed are in transition between these two stages. When the development of the neurological and endocrine systems can accommodate the necessary signals, the bed wetting will cease. The most effective treatment needed in this, the most common case, is time.

**Following is a list of recognized reasons for Primary Enuresis:**

### Immature bladder muscles
Bed wetting occurs when the bladder is full, and the muscles that squeeze to release the urine are stronger that the one that maintains the urine (sphincter).

### Small bladder
An underdeveloped bladder is culprit when it cannot hold all of the fluid that your child's body is producing. This, coupled with a deep sleep, equals a wet bed.

### Too Much Liquid
Sometimes, even if your child's bladder is of adequate size, his body may produce more liquid that it can sustain.

### Low ADH
As discussed above, Antidiuretic Hormone is necessary to curb nighttime kidney function.

### Sleep Apnea
Occasionally, sleep apnea will display in children with symptoms such as snoring, ear and/or sinus infections, sore throat, daytime drowsiness, and bed wetting. A sleep apnea sufferer slips from deep sleep to light sleep again and again, and when this happens, the bladder sphincter relaxes, releasing urine.

### Allergies
As with sleep apnea, allergies can cause a child to fall in and out of deep sleep, temporarily relaxing the bladder's sphincter muscle.

### Physical Abnormalities
Rarely, bed wetting can occur as the result of a spinal cord, urethral valve, or ureter abnormality.

The underlying causes of Secondary Enuresis can be more difficult to pinpoint. Secondary Enuresis is bed wetting that manifests after a cessation of 6 months, or has commenced with no history of Primary Enuresis. An examination of your child's family and social situation should be the first order of business. Is he experiencing any life-changing issues such as divorce, a new baby, the loss of a close friend or family member, a new home, or bullying at school? If so, he should be given the opportunity to voice his feelings about the new situation, and if necessary, professional counseling should be sought. If not, a consultation with a medical doctor is in order. Sudden onset of Enuresis can indicate certain medical problems, such as the development of diabetes, sleep apnea, or a urinary tract infection.

No matter your child's particular reason for wetting the bed, it is imperative that you not reprimand or belittle him for the behavior. It is not your child's fault. He simply cannot feel the full bladder. It is a common misconception that bed wetting is a foolproof indicator of emotional instability or anxiety. To the contrary, your child's own guilt or embarrassment resulting from reprimand can lead to emotional instability, anxiety, and behavior problems in waking hours. Your bed wetting child needs your reassurance that it's not his fault, and should be given the opportunity to express his feelings in a safe, non-threatening environment. Additionally, his assistance with cleaning up wet sheets and doing the laundry can provide him with a feeling of comfort through contribution, as long as it isn't used as a punishment.

It can also be helpful to talk openly with your child about anyone else in his family that may have experienced this problem. Bed wetting has been shown to be hereditary, so chances are, you will be able to think of someone else in your child's family with whom he can relate. Some children tend to internalize weakness, and convince themselves that they are alone. Knowing that they're not isolated can build self-esteem and reduce guilt. Studies have shown that if both parents have a history of bed wetting, children will have a 77% chance of experiencing a problem. If a lone parent had a problem, a 44% chance for the children. And if neither parent wet the bed, the children still have a 15% chance of developing a bed wetting problem.[iii]

If your child's bed wetting is developmental (under 6 years of age), and not a result of an underlying medical problem, there are some things that you can do to promote success.

## Curb Liquids

No drinks for 2 hours before bedtime.

## Void Before Bed

Remind your child to urinate both at the beginning of his bedtime routine, and again just before climbing into bed.

## Food Allergies

Components of your child's regular diet could be sabotaging your efforts. Caffeine, dairy, sugar, citrus, chocolate, red dyes, fast foods, preservatives, or artificial ingredients could be exacerbating the problem.

Eliminate these foods, one at a time, and watch for changes in bed wetting occurrences.

## Bladder Exercises

Ask your child to practice holding his urine during the day – just for short periods before actually voiding (no need to run to the toilet at the first feeling of pressure). This will strengthen the bladder muscles.

## More Sleep

Adding an extra 30 to 60 minutes of sleep could aid in your child's battle against bed wetting. Children that go to bed earlier have been shown to have fewer occurrences of bed wetting. In addition, if your child has been diagnosed with sleep apnea, his doctor will likely recommend correction through one of a variety of methods.

## Guided Imagery

During waking hours, ask your child to relax and close his eyes. Describe his internal organs and how they work (kidneys manufacture urine, bladder stores it, muscles hold it in, nerves send messages). Explain that urine is managing to escape at night because parts of his body aren't able to keep it in. Imagining proper bodily function can ready the brain for that function. If this method is ineffective after 2 weeks, discontinue or combine with another method.

## Reward System

A calendar with stickers, for instance, can help to build nervous system communication through awareness. For every morning that your child awakes dry, he gives himself a small reward in preparation for a larger one. Remember that reprimand on wet mornings is never effective – only detrimental. As with guided imagery, if this method delivers no result with 2 weeks, discontinue or combine with another method.

## Alarm

There are a number of bed wetting alarms available, designed to awaken a bed wetter to the fact that urination is taking place, bridging the gap between a full bladder and the child's brain. There are sensors that are placed in your child's underwear, or sensor pads placed under your child as he sleeps. Some systems offer special underwear with a sensor built in. Some alarms are connected to the sensor with a wire and clipped to your child's pajamas. Other alarms are wireless and plugged into a wall outlet. They are designed to sense the first drop of urine and deliver light, vibration, or sound. Deep sleepers will not be awakened, but a signal will be sent to the brain to cease urination. It is then your responsibility to wake the child and escort him to the toilet. After 3-4 weeks, the alarm should awaken your child. After 12 weeks, the problem should be alleviated.

If your child is over 6 years of age, the above listed techniques have not worked, bed wetting has suddenly resurfaced after a cessation of 6 months or more, or it is accompanied by daytime wetting, uncharacteristic bad behavior, or painful urination, a consultation with a Pediatrician is in order. During your initial consultation, the doctor will likely ask questions about your child's bathroom habits, daily schedule, and any recent lifestyle changes. A urinalysis (urine test) will probably be conducted.

A sudden bed wetting onset for a child or an adult could indicate a medical problem, such as infection, constipation, encopresis (uncontrollable bowels), diabetes, or severe stress. Normally, when the underlying medical problem is remedied, the bed wetting will cease.

If your child's bed wetting is the result of developmental or Primary Enuresis, medication may be prescribed. Desmopression acetate (DDAVP) increases the level of Antidiuretic Hormone (ADH), reducing the production of urine. Only the pill form has been approved by the FDA, and must be used with extreme caution. Serious side effects can be experienced, including seizure if accompanied by too much liquid. Imipramine is an antidepressant that may help to alleviate bed wetting symptoms by increasing the capacity of the bladder, but must also be handled with care, for an overdose could prove fatal. Anticholinergic drugs such as Ditropan reduce bladder contractions, but can result in a dry mouth and reddened face.

Homeopathic treatments may also be recommended by your child's doctor. Consultation with a trained homeopathic practitioner is advised. Though not approved by the FDA, these natural remedies are believed by some to strengthen the sphincter muscle, reduce inflammation, support kidney function, and reduce anxiety - without impact on the endocrine system. Equisetum (horsetail) has been used since ancient times in Chinese medicine, and is believed to offer the aforementioned advantages.

Other natural methods have been used to activate the neurological system. These practices include massage, acupressure, and acupuncture. As with any treatment, a professional in each particular field should be sought.

Though your child's wellbeing is your primary concern, the health of your home is also an issue when dealing with bed wetting. A mattress that gets wet can promote fungal growth and the population of odor-causing bacteria. To eliminate these problems, invest in a mattress pad or cover that is both breathable and waterproof. This will ensure that the cover not only absorbs moisture, but protects the mattress from fluids, stains, odor-causing bacteria, and the breakdown of textiles. Most products available can be laundered and dried right along with the bed sheets.

In summary, the single most important thing to remember is this: Your child's bed wetting is not his fault. In most cases, it is simply the symptom of a transitional developmental stage, and with time and patience, will correct itself. In a smaller number of cases, a medical impediment is to blame. Using the information outlined above, offer support and understanding, or even medical attention if necessary.

As with most problems, there is an approach or method out there that may speed the eradication of your child's bed wetting behavior. Your biggest challenge will be in finding the method that works best for your child. Whatever it is, combining it with patience, understanding, and a generous helping of time will make for a more successful run. And when you finally do experience that long sought-after success, your entire household will be sleeping soundly and waking to joyfully dry mornings.

[i] www.kidshealth.org
[ii] www.drgreene.org
[iii] www.drgreene.org