

## Does your child wake up in a wet bed?

Nocturnal enuresis (bedwetting) is an extremely common childhood complaint<sup>1</sup> in children over 5 years old.

There are two types of bedwetting:

- 1) Primary – Child has never been dry at night
- 2) Secondary – Bedwetting commences after 6–12 months of dry nights.

Nocturnal enuresis affects more boys than girls (ratio 6:4) and commonly runs in families. It can cause social and emotional distress for the child such as anxiety about attending or avoiding school camps and overnight stays, feeling different to their peer group and siblings, and may sometimes cause family disruption. It can lead to low self-esteem and feelings of shame and worthlessness. Parents may find it frustrating and difficult to understand why their child can't be dry at night like other children.

## What causes primary nocturnal enuresis?

It is important to know that bedwetting is not caused by emotional problems, laziness or being a deep sleeper. It is more likely to be due to the child not being able to pick up the signals from the bladder to the brain that the bladder is full and requires emptying when asleep.

In some children the kidneys put out too much urine at night. In some enuretic children, not enough anti-diuretic hormone is manufactured by the body during sleep so large volumes of urine are produced which the bladder is unable to store overnight.

Other children have a small functioning bladder capacity during the day and are unable to hold on to a full bladder at night, so they wet the bed when their bladder reaches the daytime capacity, often at as little as 100 ml (half a cup).



Parents are often told to do nothing, and it's true that most children eventually do stop wetting, however if necessary, it is important to treat children with nocturnal enuresis to decrease the risk of bladder problems when they grow up<sup>2</sup> and to encourage and support the child.

**DryNites® Pyjama Pants** are also available to help you and your child manage this stage. **DryNites** Pyjama Pants are absorbent so they protect, yet look and feel like real underwear. Their trim fit allows them to disappear under pyjamas, nighties and other clothes. **DryNites** Pyjama Pants allow your child to maintain their self esteem and confidence, and make activities like school camps and sleepovers no big deal – just the way they should be. Pyjama Pants can be used alongside a number of treatments recommended by doctors.

The 3 main types of treatment, which require professional supervision are outlined below:

- **Bladder training.** The aim of bladder training is to increase the bladder's capacity by increasing the number of drinks each day and "holding on" for longer periods during the day. When the bladder is holding

adequate amounts during the day, the child should be able to sleep throughout the night without wetting the bed, or waking up to pass urine.

- **Enuresis alarms.** A sensor pad (placed on the bed or body) activates an alarm when the first drops of urine hit the sensor. The alarm works by waking the child who then goes to the toilet and completes emptying their bladder. Alarms are best used under professional supervision to enable monitoring of the child's motivation, progress and reliability of the alarm.
- **Medication** is not curative and is usually effective only while it is being taken. The wetting usually returns when the medication is stopped. It is used if the child is producing large amounts of urine at night and has not responded to either bladder training or an enuresis alarm. It can be useful for short periods when the child is going away on a school camp or holiday.

## Tips for healthy bladder habits for children

- 6–7 drinks each day preferably water.
- Limit sweet and caffeine drinks (cola and chocolate drinks).
- Stop “just in case” visits to the toilet (i.e. before going out) to allow the bladder to store more urine.
- Contrary to popular belief, it is good for children to ‘hold on’ so the bladder learns to store larger amounts of urine.
- Prevent constipation and straining as this can affect the bladder.

For more information on bedwetting, visit



1. Butler RJ (1994) Nocturnal Enuresis the Child's Experience p3

2. Millard RJ (1998) The prevalence of urinary incontinence in Australia. Australia Continence Journal 4 (4)92–99

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