Bedwetting – an alarming problem

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Parent / Caregiver Information

Continence Service - Community Health Service

Thousands of children in NZ wake in the morning to a wet bed. Wetting the bed at night (nocturnal enuresis) is very common in young children, although most children grow out of it.
www.continence.org.nz

It affects approximately:

- 15% of 5-year-olds
- 5% of 10-year-olds
- 2% of 15-year-olds

1% of adults may still have occasional problems.

It is tends to be slightly more common in boys than girls.

Bedwetting is not considered to be a problem until children reach about 7 years of age. This is a good time to introduce treatment programmes if the child is motivated to do something about it.

What causes bedwetting?

There is no universal cause of bedwetting but:

It tends to run in families. If one parent was a bed wetter there is a 44% chance of the child bedwetting but this this increases to 77%. If both parents wet the bed.

The waking response to a full bladder is not yet fully developed, so the child has no conscious control over bedwetting.

The bladder may be 'overactive' or not able to hold reasonable volumes of urine– which may also result in wet pants or urgency during the day.

Preparing for your Appointment

Complete the Superhero Diary and Discussion Guide and bring to the clinic
www.stopbedwetting.org

Let your child have a say

It is hard to underestimate the embarrassment and distress bedwetting can cause to a child. However, trouble really begins when the wet bed becomes the focus of anger or a battle of wills.

There are significant extra costs and workload - including lack of sleep - for parents who have a child who bed wets. It's normal for parents to sometimes feel tense, frustrated and at a loss. Nonetheless, it's important to stand back a little and look at the situation coolly.

A quiet chat

Talk to your child about what they think and feel. You may uncover fears which are stopping them going to the toilet during the night. It could be the way their bedroom is laid out, fear of the dark, or something in the toilet or home causing the problem. Working together is the first step towards treatment.

Treatments Available

Supported Bed Alarm programme. Alarms that waken a sleeping child if they are wet are a good long-term treatment. Alarms have a 70% success rate and work more effectively with professional support and a motivated child who is over the age of 7.

What is a bedwetting alarm?

An alarm is a treatment for bedwetting which has been proven to work for the majority of children.

How does a bedwetting alarm work?

The alarm conditions the child to become aware that the bladder is full and they should now wake up and go to the toilet. When it goes off, the child

must wake up, go to the toilet and empty their bladder fully. A sustained effort over many weeks, perhaps as long as two to three months, might be required. Bedwetting alarms are not an option which work well with a casual approach.

Are there different types of alarms?

Yes, and you need to choose the right alarm for your child. One is a personal alarm with a small sensor used close to the body and linked to a body-worn alarm unit. The other is a bell and pad alarm which involves placing a mat over the bottom sheet which is covered with a small drawsheet. This is connected to an alarm box placed at the foot of the bed. Your continence nurse is the best person to advise you on which alarm is most suitable for your child.

What can parents do to help?

It cannot be over-emphasised that both you and your child must be properly taught how to use the alarm and have someone to call if you are having difficulties of any kind. Your aim should be to have your child use the alarm as independently as possible according to their ability. All children benefit from parental encouragement and support throughout an alarm-based program. Regular guidance, support and contact with the Continence Team via phone, text, email to review progress and troubleshoot with child and family is a key element in the success of this treatment

Our Outcomes

Initial Success – 85%

Lack of Success – 15%

Relapses occurring within 6 months – 2%

A follow-up postal questionnaire is sent at 6 months to establish child's level of success

Waiting List

A priority waiting list will be kept if necessary. Priority will be assessed from information supplied on the referral form; generally those who relapse or are older than 11 years of age will be seen first. There is currently a wait list of up to 8 months for those referred at 7 years of age.

Recommended daily fluid intake

Age	Sex	Total drinks per day
4-8 years	Female Male	1000 -1400 ml 1000 -1400 ml
9-13 years	Female Male	1200 -2100 ml 1400 -2300 ml
14-18 years	Female Male	1400 -2500 ml 2100 -3200 ml

Chart from Nice clinical guideline 111 www.nice.org.uk

Contact us

Continence Nurses:
Phone: (04) 806 2556 (#6358)

Hours: 8am-4.30pm, Monday to Friday
(Excluding Public Holidays)