

### Other leaflets in this series:

Understanding Nocturnal Enuresis – improving treatment outcomes  
Understanding Toilet Training Resources  
Understanding Toilet Refusal – the child who will only poo in a nappy  
Understanding Constipation in infants and toddlers

### Further Information

NICE guidelines for the management of nocturnal enuresis  
<https://www.nice.org.uk/Guidance/CG111>

<http://www.stopbedwetting.org> Web site for both general public and professionals regarding coping with bedwetting with information, tips and advice from experts

### For further information or advice contact Bladder and Bowel UK

Bladder and Bowel UK (formerly PromoCon), working under the umbrella of Disabled Living, provides impartial advice and information regarding resources, products and services for children and adults with bladder and bowel problems

**Helpline: 0161 607 8219**

[www.bladderandbowel.co.uk](http://www.bladderandbowel.co.uk)

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## Understanding the management of bedwetting in children under the age of 7 years: Implementing NICE guidelines



## Management of Bedwetting in children under the age of 7 years

From a developmental perspective children are expected to be dry at night at 5 years of age. Historically it has been common practice not to offer advice to families of children who are bedwetting when the child is younger than 5 years and traditionally treatments were not introduced until the child was aged at least 7 years. However the NICE Nocturnal Enuresis Guideline 111 (2010) clearly states that all children over the age of 2 years, with ongoing wetting problems, both day and night, who are showing appropriate toileting awareness and behaviour, should be considered for assessment.

This assessment should include both bladder and bowels in line with the recommendations from the NICE Constipation in children and young people guideline 99 (2010). Also cost-effective modelling indicates that, from the perspective of the NHS, treating children with bedwetting is cost-effective when compared to not treating.. It includes children from age 5 years as it has been recognised that children who wet frequently at this age are less likely to become dry spontaneously (ie 'grow out of it').

### Q. What advice and information should be offered to younger children with bedwetting?

A. NICE includes the following recommendations:

- Provide appropriate advice and information while reassuring the family that it is a common problem
- Assess status of toilet training and offer advice and support as necessary
- Consider further assessment of all children who fail to remain dry day or night, despite appropriate toileting behaviour
- All children should be also assessed for underlying constipation
- If pull-ups are worn at night suggest trial removal, dependent on the age of the child and family circumstances
- Offer advice on bed protection and ensure easy access to toilet/potty if child wakes in the night
- Family to encourage the child to empty their bladder before sleep
- Review fluid intake and adjust if necessary
- The use of reward systems for achievable behavioural outcomes such as increasing drinks, or remembering to go to the toilet can sometimes have a positive effect



### Q. What first line treatment should be offered if the child is still wetting at age five years?

- A. NICE clearly states ...*'Do not exclude younger children (for example, those under 7 years) from the management of bedwetting on the basis of age alone'*.

We know that the treatment of bedwetting has a positive effect on the self-esteem of children and young people. Therefore, if initial advice and support does not lead to resolution of the problem, the following first line treatment options should be offered to all children with bedwetting, particularly those whose families find the management of bedwetting burdensome and request help in getting their child dry.

It should be remembered that any treatments introduced should always take into account the child's age/motivation/previous experiences/parental expectations and preferences. Also healthcare professionals should persist in offering different treatments and treatment combinations if the first-choice treatment is not successful.

Any underlying problems with constipation or day time bladder problems should always be addressed first.

#### Desmopressin

Desmopressin can be offered to children over the age of 5 years, particularly if the initial assessment suggests a problem with underlying nocturnal polyuria, suggesting a lack of vasopressin

It should be offered where alarm treatment is undesirable or inappropriate, or when rapid-onset and/or short-term dryness is a priority.

#### Alarm

Consider alarm treatment if it is deemed desirable and appropriate, depending on the age, maturity and abilities of the child, the frequency of bedwetting and the motivation and needs of the family

An alarm would be considered inappropriate, particularly if:

- bedwetting is very infrequent (that is, less than 1–2 wet beds per week)
- the parents or carers are having emotional difficulty coping with the burden of bedwetting
- the parents or carers are expressing anger, negativity or blame towards the child or young person.