Bladder & Bowel UK
Supporting people with bladder and bowel problems
part of Disabled Living

Improving treatment outcomes for children with bedwetting
Matching treatment to assessment outcome

NICE Bedwetting Quality Standard 2: All children with bedwetting should undergo a comprehensive assessment

Findings from history	Possible interpretation
Large wet patches within a few hours of sleep	Typical pattern of bedwetting as a result of nocturnal polyuria (lack of vasopressin).
Wetting more than once with variable wet patches	Typical pattern of bedwetting as a result of possible underlying bladder problem such as overactive bladder.
Bedwetting every night	Classed as severe bedwetting which is less likely to resolve spontaneously than infrequent bedwetting.
Bedwetting after a period of more than 6 months with no night time wetting	Bedwetting is defined as secondary.
Day time symptoms including : Frequency Urgency Abdominal straining Poor stream Wetting accidents History of UTI	Any of these may indicate an underlying bladder disorder, such as overactive bladder (OAB) or dysfunctional voiding. These warrant further assessment.
Constipation	A common co morbidity that can cause bedwetting. It requires treatment (see 'Constipation in children and young people' [NICE clinical guideline 99]).
Soiling	Frequent soiling is usually an indication of underlying constipation with faecal impaction.
Inappropriate fluid intake including: * Inadequate fluid intake * Consumption of fizzy/caffeinated drinks * High fluid intake late in the day	Inadequate fluid intake may mask an underlying bladder problem such as OAB and also may affect the development of an adequate bladder capacity. Fizzy and caffeinated drinks have been shown to irritate the bladder in some cases. Having a high fluid intake later in the day can contribute to bedwetting.
Behavioural and emotional problems	These may be a cause, or a consequence of bedwetting. Treatment should be tailored to the specific requirements of each child or young person and family.
Practical issues	Easy access to a toilet at night, sharing a bedroom or bed, and proximity of parents to provide support are important issues to take into account and address when considering treatment, especially with an alarm.
Family issues, including parental intolerance	A difficult or 'stressful' environment may be a trigger for bedwetting. These factors should be addressed alongside the management of bedwetting

TREATMENT - Tailor to underlying pathophysiology

NICE Bedwetting Quality Standard 4: Children and young people who are bedwetting receive the treatment agreed in their initial treatment plan

The choice of treatment (either alarm or desmopressin) should be informed by the initial assessment, and should take into account the preference of the child and their parents or carers. Factors such as age, associated functional difficulties and disabilities, financial burdens and living situations may affect their preferences. Refer to the BNF for Children and the manufacturers 'Summaries of Product Characteristics' for full prescribing information.

Presenting symptom	**Suggested treatment**
Normal night time urine output / no day time bladder symptoms / average bladder capacity for age using the formula: Age x 30 + 30 = Maximum voided volume	Consider either alarm or desmopressin (DesmoMelt) as first line treatment, taking into account child's age / motivation / previous experiences / parental expectations and preferences
Nocturnal Polyuria (indicated by wetting large patches within a few hours of going to sleep)	Consider Desmopressin (DesmoMelt) as first line treatment
Small bladder capacity / apparent high arousability / good motivation and good family support	Consider alarm as first line treatment, taking into account child's age and motivation
Day time bladder symptoms, including frequency (> x 7 voids per day) or urgency suggestive of an overactive bladder (OAB)	Initiate bladder retraining programme and introduce anticholinergics (e,g, oxybutynin – Lyrinel XL) if necessary
If single first line treatment fails consider the following: nocturnal polyuria with voided volumes (small bladder) / high arousal threshold nocturnal polyuria with suspected nocturnal OAB OAB / small voided volumes / high arousal threshold	 Desmopressin (DesmoMelt) plus alarm Desmopressin (Desmomelt) plus anticholinergic Anticholinergic plus alarm

Please also refer to NICE Bedwetting Guidelines and treatment Pathway
http://pathways.nice.org.uk/pathways/bedwetting-nocturnal-enuresis-in-children-and-young-people

Bedwetting in Children and Young People Quality Standard 70 (NICE September 2014)
https://www.nice.org.uk/Guidance/QS70