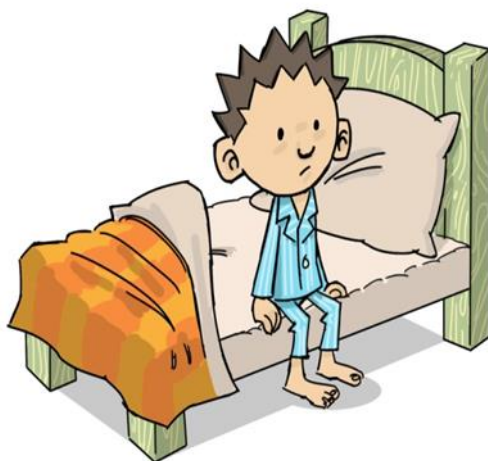




# Understanding Bedwetting (Enuresis) in Children and Young People with Learning Difficulties

A guide for parents and carers



## Introduction

Bedwetting (also known as enuresis, or nocturnal enuresis) is a common problem in children and young people. While some children get better with time, bedwetting can be distressing for the child and family and those who wet the bed every night are least likely to just get better without treatment. Treatment should be available for all children, including those with a learning disability.

It is important to know that bedwetting is not caused by anything you or your child has done or has not done. Children cannot learn to be dry when they are asleep in the same way as they learn to use the toilet when they are awake.

Having a learning disability is not the reason for bedwetting. This leaflet will explain why some children wet the bed, some of the lifestyle changes that can help and will outline some of the treatments that are available.

## Why do children wet the bed?

Urine (wee) is made to help the body get rid of waste. It is made in the kidneys and then passes through two tubes, the ureters, to the bladder. The bladder then stores the urine.

When the bladder is nearly full it sends messages to the brain to say it is time to use the toilet.

Children will wet the bed because:

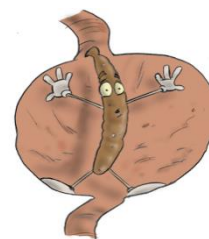
- They make too much urine at night. The brain produces a special chemical messenger, called vasopressin. More vasopressin is usually made during the night, than during the day, so the kidneys make less wee at night than they do during the day. Some children are not able to produce enough vasopressin at night, so their kidneys carry on making as much urine when they are asleep as they make when awake. Their bladders are not able to hold all the extra urine made while they are asleep.
- Their bladder is not holding the urine as well as it should be. If the child's bladder is smaller than it should be, then it will not be able to hold all the urine, even if the child is making enough vasopressin. If the child's bladder wall gets twitchy during filling it may empty at any time. Some children with this problem have symptoms during the day. They may have to run to get to the toilet or appear to leave it to the last minute (urgency); they may go to the toilet more than seven times a day (frequency) or they may get damp or wet underwear during the day.



- All children who wet the bed also have a problem with waking up during the night in response to the messages from the bladder saying that it needs to empty. If they did not have this problem, they would wake up and go to the toilet.

Other problems that cause bedwetting include:

- Constipation. The full bowel puts pressure on the bladder, making it more difficult for the child to hold onto all the urine that they make overnight.
  - Drinking too much before going to bed. If children drink large amounts before going to sleep, they are more likely to fill their bladder before morning.
  - Not drinking enough during the day. This means that less urine is produced. If this is happening regularly, the bladder gets smaller as it does not have to hold as much urine, which may then cause bedwetting.
  - Drinking the wrong things. Fizzy drinks and ones that contain caffeine (tea, coffee, cola, chocolate and many energy drinks) can irritate the bladder lining and make the wetting worse.
- Urinary tract infection. Urinary tract infections irritate the lining of the bladder, causing it to empty more often. This can result in wetting.
- Very rarely children may have an underlying medical reason for bedwetting. If your child is unwell, if the bedwetting has started suddenly after they have previously been dry at night, or if they snore when asleep (enlarged tonsils have been associated with bedwetting), then take your child to see their GP.



- Bedwetting can run in families. If a parent or close relative wet the bed, then it is more likely that their child will also have bedwetting.
- Wearing pull ups or nappies. Some children who wear pull ups or nappies for bed, may think it is alright to use them when they are awake.
- Being frightened of the dark. Some children wake up but are too frightened to get up and go to the toilet if it is dark.



All children and young people, including those with learning disabilities or additional needs should be offered an assessment of their bladder and bowel health if they are over five years old, are toilet trained during the day and have bedwetting.

### **What does an assessment involve?**

The assessment is usually done by a nurse. You may be asked to keep a record of your child's bedwetting, and of their bowel actions for about two weeks. You may also be asked to keep a bladder diary. The bladder diary is a record of what and how much they drink over two to three days, when they pass urine and how much urine they pass each time they go to the toilet. This will allow the nurse to see how well their bladder and bowel are working.



It is likely that you will be asked questions about your child's toilet training, their medical history and general health. Tell the nurse if you have any concerns about your child's use of the toilet during the day, including damp, wet or soiled underwear.

### **What can parents/carers do to help?**

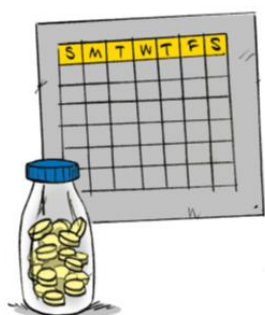
Often lifestyle approaches are suggested. These may be tried on their own or alongside other treatments. Lifestyle approaches include:

- Having a water based drink every two hours. Primary aged children should be drinking about 1.5 litres a day. Teenage girls should have about 1.5 – 2 litres a day and teenage boys should have about 2 – 2.5 litres a day. All children should have extra if they are overweight, very active or the weather is hot.
- Avoid giving your child fizzy or caffeinated drinks. These can irritate the bladder lining. If your child will not drink water, you could try offering a sugar-free fruit squash instead.
- Encourage your child to pass urine after each drink.
- Avoid all drinks and food for an hour before bedtime. Drinks and some foods, particularly those that are high in salt and protein can make the wetting worse.

- Try to establish a regular bedtime routine. Include trying to avoid electronic screens for an hour before going to sleep, going to the toilet just before settling and turning the lights off in the bedroom.
- Speak to your child's GP or school nurse if you think they may be constipated.

## What treatment options are there?

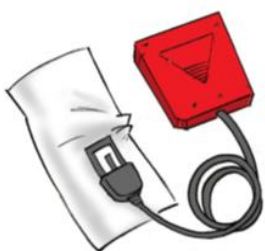
**Medication** is suggested for some children. Desmopressin is a medication that works by helping to reduce the volume of urine that children produce during the night. It comes as a melt or a tablet and is taken at bedtime. The melt is placed under the tongue and dissolves quickly. Because the desmopressin works by reducing the amount of urine produced it must only be taken at bedtime, or up to an hour before, and the child or young person must not drink for an hour before taking it and for eight hours afterwards.



Desmopressin starts to work quickly and can be taken for as long as it is needed. It is normally suggested that children have a break from Desmopressin every three months, to see if they still need them, or if their body has learnt to keep them dry without the medicine.

Your child's nurse or doctor will help you decide if this is an appropriate treatment for your child. More information on desmopressin is available on the Bladder & Bowel UK website in the leaflet 'All About Desmopressin for Parents and Carers' available at <https://www.bbuk.org.uk/wp-content/uploads/2019/09/Desmopressin-information-for-parents-and-carers.pdf>

**Enuresis alarms** are designed to make a noise as soon as your child starts to wet. They are appropriate for many children, including for those with learning disability. There are two types of alarm. One has a sound box that sits near the bed and a mat that goes under the bottom sheet. It is called a bed-mat alarm. The other type of alarm, a body-worn alarm, clips onto your child's pyjamas and underwear. The nurse will help you decide if an alarm is right for your child and, if so, which type of alarm would be best for them.



The noise made by the alarm is intended to wake your child, although it may take a few nights for them to learn to wake. They are therefore likely to need your help, at least for the first few nights. You may need to also help your child turn the alarm off and encourage them to go to the toilet and try to pass urine. Any wet clothes or bedding should be changed before they go back to bed.

It can take a few weeks for alarms to start to work, but many children become dry at night within about three to four months. Early signs that the alarm is likely to be successful include your child waking quickly to the alarm, wet patches becoming smaller, the alarm

going off further into the night and dry nights. You should start to see these in the first three to four weeks.

Children need to continue to use the alarm until they have had at least 14 consecutive dry nights. They do not need to avoid drinking before they go to bed, unless they are using desmopressin with the alarm.

Alarms are not suitable for all children and families, but you should be able to discuss whether it is likely to be right for your child with your healthcare professional. If your child is frightened by loud or sudden noises, for example, the alarm may not be suitable for them.

### **Additional information**

Both desmopressin and alarms have a success rate about 50-70%, when used on their own. The choice of which treatment is most suitable to try first, should be based on the outcome of the assessment, but also on which you and your child would prefer. If the first choice of treatment does not work on its own, it may be possible to try both, or there may be other options.

Some children may need treatment for constipation, or for daytime bladder issues, before starting treatment for the bedwetting. This may include medication and the medication for constipation or bladder issues may need to continue while also using desmopressin and/or an alarm.

### **Further advice**

Always follow advice given to you by your child's doctor or nurse. Talk to them if you have any questions or concerns.

You may also contact the **Bladder & Bowel UK confidential helpline** by completing the web form at: <https://www.bbuk.org.uk/helpline-enquiries/> or **Telephone: 0161 214 4591**

### **Related information**

All the Bladder & Bowel UK information leaflets about children's bladder and bowel issues are available at <https://www.bbuk.org.uk/children-young-people/children-resources/>

There is also information about bedwetting at [www.stopbedwetting.org](http://www.stopbedwetting.org)

For further information about **Bladder & Bowel UK** services and resources visit our website at [www.bbuk.org.uk](http://www.bbuk.org.uk)

This booklet can be freely downloaded and printed as a whole. However, no part of this document may be copied or distributed without the authors' permission.

Copyright © Bladder & Bowel UK  
Disabled Living 2021  
Registered Charity No 224742

