

Understanding Bedwetting for Teenagers



A guide for teenagers and young adults

What is bedwetting?

Bedwetting (passing urine when asleep) is a common problem for teenagers.

It is important to know that bedwetting is not caused by anything you have or have not done.

All teenagers who wet the bed are unable to wake up when their bladder needs to empty.

While some teenagers notice their bedwetting happening less often with time, if you wet the bed every night or most nights of the week you will need support from a healthcare professional. You can also ask for support if the bedwetting is stopping you from doing things you would like to do.

Why am I wetting the bed?

You are wetting the bed because your brain is not able to wake you up when your bladder needs to empty. If you could wake up, you would go to the toilet and stay dry. Many teenagers can wake up when they need the toilet, or they are able to sleep all night without needing the toilet.

The main reasons you may need to empty your bladder at night are:

Your kidneys make too much urine (wee) at night:

Your brain produces a special chemical messenger, called vasopressin, during sleep. This tells your kidneys to make less urine. Some teenagers are not able to produce enough vasopressin at night, so their kidneys carry on making as much urine at night as they do during the day. If you are not able to wake up when your bladder is full, it will empty while you are still asleep.

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Your bladder is not able to hold onto urine well enough overnight:

If your bladder is smaller than it should be, it will not be able to hold all the urine (wee), even if you are making enough vasopressin. If your bladder wall gets twitchy during filling, it may empty some or all the urine at any time. Some teenagers with this problem also have some bladder issues in the day. They may have to run to the toilet quickly (urgency) or go to the toilet more often than others (frequency) or may get damp or wet underwear during the day.

Other problems that may cause bedwetting include:

Drinking too much before going to bed: If you have large amounts to drink before going to sleep, you are more likely to wet the bed.

Not drinking enough during the day: This means that less urine (wee) is produced. If this is happening often, the bladder gets smaller as it does not have to hold as much urine, which may then make bedwetting more likely.

Drinking things that irritate the bladder: Fizzy drinks and ones that contain caffeine (tea, coffee, cola, chocolate, and many energy drinks) can irritate the bladder and make the wetting worse. They may also act as diuretics, which means they cause the kidneys to make more urine than usual.

Urinary tract infection: Urinary tract infections cause your bladder to empty more often. This can result in wetting.

Constipation: If your bowel does not empty fully when you try to do a poo, then it can put pressure on your bladder and make bedwetting more likely. Many teenagers need laxatives to help if they have constipation. Speak to your school nurse or GP if you think this may be a problem for you.

Another underlying medical reason: Bedwetting can happen if you are unwell. It can also be caused by enlarged tonsils which may make you snore when you are asleep. If you start wetting after a period of dry nights speak to your healthcare professional (GP or school nurse).

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Bedwetting can run in families: If a close relative wet the bed, then it is more likely that you will also have bedwetting.

If the wetting is worrying or upsetting for you and/or your family, you, or your parent/carer can contact a healthcare professional such as your GP or school nurse who will assess your bladder and bowel health and explain the options to treat your bedwetting.

What happens at an assessment?

You may be asked to keep records of your bedwetting, of your bowel actions (poos) and keep a bladder diary.

The bladder diary is a record of what and how much you drink over two to three days and how much urine you passed each time you go to the toilet. This information will allow the nurse or doctor to see how well your bowel and bladder are working.

It is likely that you (and your parent/carer, if they are with you) will be asked questions about how long the bedwetting has been happening, about your general health, toilet training and medical history. Let the nurse or doctor know if you are also experiencing any damp, wet or soiled underwear in the day.

Is there anything I can do that might help the bedwetting?

Sometimes healthcare professionals will explain about how regular drinks and toileting can help your bladder health:

Try having a water-based drink every two hours. Teenage girls should have a total of between 1.5 – 2litres a day divided into 6-8 drinks. Teenage boys should have between 2 – 2.5 litres a day, divided into 6-8 drinks.

You should drink extra if you are very active, or the weather is hot. You may ask your parent/carer to explain to your school or college that you need access to drinks, and you may choose to take a sports-style bottle to use at school.

Water drinks are best, but if you struggle to drink water, a sugar-free fruit squash may be an option. Avoid fizzy and caffeinated drinks (tea, coffee, hot chocolate, cola, and many energy drinks contain caffeine). Try to pass urine after each drink (about every two hours)

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Avoid all drinks and food for an hour before bed. Drinks and some foods, particularly those that are high in protein or salt, encourage your kidneys to make more urine.

Consider using a waterproof mattress protector. Sheets and blankets instead of a duvet may also be helpful as they may reduce the amount of washing and drying of wet bedding.

Consider a trial without night-time continence pants once your bed protection is in place. For some people not having the pants helps them become dry. However, if the wetting continues after 2-4 weeks without them, you can return to using them, if you find them helpful while you wait for assessment and treatment.

If you are going to be away from home overnight it can be helpful for you and your parent or carer, to have a conversation with the leader if going with a group, or another adult who can support you.

They may be able to help you by finding out what would work best for you and discussing how they can provide this. That might include giving you privacy to take medication or put on nighttime pants or waking you earlier than others to give you the opportunity to change discretely.

Try to have a good bedtime routine which can include:

- A regular time for going to sleep.
- Avoiding electronic screens in the hour before sleep
- Emptying your bladder just before going to sleep and
- Turning off the lights in the bedroom

Is there medication for bedwetting?

Medication is suggested for some teenagers.

Desmopressin is a medication that works by helping to reduce the amount of urine produced at night. It comes as a melt, tablet or liquid and is taken at bedtime. The melt is placed under the tongue and dissolves quickly, without the need for a drink.

Desmopressin must only be taken at bedtime or up to an hour before bed and you must not drink for an hour before taking it and for the eight hours afterwards.

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This is because desmopressin works by reducing the amount of urine produced in your kidneys. If you drink in the hour before or the eight hours after taking it your body will not be able to get rid of any excess water that you do not need. Having too much water and not being able to pass the excess out of your body in urine may make you unwell.

You should not take desmopressin on any night where you need to drink in the hour before bed or are unwell. This is because diarrhoea, vomiting or a raised temperature may make you dehydrated, so you are more likely to wake up during the night needing a drink.

Your doctor or nurse will discuss this with you and help you to decide if desmopressin is a treatment you would like to try. There is more information on desmopressin in the information library.

Bedwetting alarm:

A bedwetting alarm works by waking you as you are wetting the bed. Alarms are suitable for teenagers who are bothered by the wetting. The alarm makes a noise as soon as the wetting starts. You may need your parent or carer to wake you for the first few nights, but usually then learn to wake to the alarm yourself.

Signs that the alarm is likely to work include that you learn to wake up to it without the help of a parent or carer, that you can hold onto some of your urine so you can finish in the toilet after the alarm has woken you and that the wet patches are getting smaller. You may also stay dry for longer into the night and gradually learn to sleep through the night without needing to go to the toilet. There is more information on bedwetting alarms in the information library.

Both desmopressin and the alarm have a success rate of around 50-70%. The choice of which treatment is most suitable should be based on what you want to try first and the advice of your healthcare professional. If the first choice of treatment does not work, there may be the option of using the other or both the alarm and desmopressin together. Some teenagers may also need treatment for constipation or for daytime bladder issues. This may include medication, and that medication may need to continue alongside the desmopressin and/or alarm.

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Getting further help

Your GP or school nurse should be able to provide initial support for your bedwetting. They may, after discussion with you and your parent/carer, be able to refer to a local specialist service for further assessment and support.

Further information

Find more information about child bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline \(0161 214 4591\)](tel:01612144591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

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