

Enuresis: first line advice

for healthcare professionals to give to children and families

Initial advice should be provided whenever a family discloses enuresis (bedwetting) is an issue, including in children under the age of five. While some treatment interventions are not available to children before their fifth birthday, basic lifestyle interventions may be helpful.

1. Explanations: information should be provided on the common causes of bedwetting. Additionally, the family should be made aware that bedwetting is a medical condition and is not caused by anything they or their child has done or has not done.

2. Exclude constipation: A common comorbidity for enuresis, assessment for constipation should be undertaken in children presenting with bedwetting and treatment offered as appropriate. However, interventions for bedwetting should not be delayed where there is constipation, but no faecal impaction. Faecal impaction should be treated promptly. The family should be advised that while treatment for constipation may alleviate the bedwetting, it may also have limited or no direct impact.

3. Refer children with sleep disordered breathing: snoring and sleep apnoea disturb sleep and may reduce the ability to wake to bladder signals. Those with these issues should be referred to ENT for assessment and treatment.

4. Lifestyle interventions

- **Drinks:** Drinks of water-based fluids approximately every two hours from waking to an hour before bed may promote bladder function. Liquids that may have a diuretic or bladder irritant effect should be avoided. These include carbonated and caffeinated drinks (tea, coffee, colas, hot chocolate and many energy drinks).

Age	Sex	Total daily water-based fluid intake
4-8 years	Female and	1000 – 1400mls
9 – 13 years	Female	1200 – 2100mls
	Male	1400 – 2300mls
14 – 18 years	Female	1400 – 2500mls
	Male	2100 – 3200mls

- **Toileting:** Approximately two hourly toilet visits throughout the day should be encouraged. The last toilet visit should be just before settling to sleep. A good position on the toilet, with bottom and thighs well supported and knees in a neutral position or higher than the hips will help facilitate more complete bladder emptying. Boys may want to sit to pass urine before bed.
- **Diet:** Foods containing high levels of protein and salt should be avoided in the evening as they increase diuresis.

5. Product use:

- Disposable nappies, pants or pads may reduce the impact of enuresis. They have been found to improve sleep, quality of life and emotional wellbeing for children and their families. However, trial without them for an initial 14 nights, if the child and family can manage this, may lead to improvement in a minority. If the enuresis continues, the nappies, pants or pads may be reintroduced until more proactive treatment can be initiated.

Additional information:

Advice should be provided on bedding and mattress protection to reduce the impact of the enuresis.

Families should be advised NOT to wake or lift children with enuresis to take them to the toilet. This is unlikely to be helpful in the long-term and the additional sleep disturbance may have negative impacts on daytime functioning.

Families should be advised not to punish their child for enuresis as this is likely to increase stress and be counterproductive. Equally it is not appropriate to reward children for dry nights, as these are outside the child's control. If families want to use motivators or rewards, these should be used for things the child can control, such as drinking adequately during the day.

Next steps:

There is evidence that bladder training (prolonged drinking and toileting routines) is not helpful for treating enuresis. If there is no improvement with the above measures, proactive treatment options should be discussed with the child and family.

Further information

Find more information about 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).

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