Understanding bedwetting (Enuresis)

A guide for parents and carers

Bedwetting, also called nocturnal enuresis, is common in children and teenagers. Some find it upsetting, but it is not anyone's fault.

Children cannot learn to stay dry while asleep in the same way they learn to use the toilet when they are awake.

All children and teenagers should be offered treatment, including those with a learning disability. Learning disability does not cause bedwetting.

This leaflet explains why some children and teenagers wet the bed. It describes some of the things that you can do at home that may help. It also talks about some of the treatments that are available.

Why do some children and teenagers wet the bed?

The kidneys make urine (wee) as a way of getting rid of waste. The urine travels through two tubes, the ureters to the bladder. The bladder 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 and teenagers wet the bed because:

- they cannot wake up when the bladder signals that it needs to empty.
- they make too much urine at night. The brain produces a chemical messenger called vasopressin. It tells the kidneys to make less urine. Usually, more vasopressin is made at night so, the kidneys make less urine at night. Some children and teenagers do not make enough vasopressin. Their kidneys make as much urine when they are asleep as when awake. Their bladders cannot 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 or teenager's bladder is smaller than it should be, or if the bladder wall gets twitchy during filling it may empty at any time. Some children and teenagers have daytime symptoms. They may run to the toilet or seem 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.

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Other problems that cause bedwetting include:

- Drinking too much before bed. If large amounts are drunk before going to sleep, the bladder is more likely to fill before morning.
- Not drinking enough during the day. This means that less urine is made. The bladder will get smaller because it never has to hold much urine. A small bladder may cause bedwetting.
- Drinking the wrong things. Fizzy drinks can irritate the bladder lining. So can drinks that contain caffeine. Tea, coffee, hot chocolate cola and many energy drinks contain caffeine. Theses can make bedwetting worse.
- Constipation can cause bedwetting. The full bowel puts pressure on the bladder, so it cannot hold urine as well as it should.
- Urinary tract infections. These irritate the lining of the bladder, making it empty more often. This can result in wetting.
- It is rare for there to be a serious medical reason for bedwetting. If your child or teenager is unwell, or if the bedwetting has started after they have been dry at night take them to see their GP.
- Snoring during sleep can be caused by enlarged tonsils. It has been linked to bedwetting. Treatment for enlarged tonsils may help.
- Bedwetting can run in families.

What can we try at home?

Things that you can try at home 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. Teenage boys should have about 2 – 2.5 litres a day. They should have more than this if they are overweight, very active or the weather is hot.
- Avoid fizzy or caffeinated drinks. These can irritate the bladder lining. If your child or teenager will not drink water, you could try offering a sugar-free squash instead.
- Encourage your child or teenager to pass urine after each drink and to go to the toilet just before they go to sleep
- Avoid all drinks and food for an hour before bedtime. Drinks and some foods, particularly those high in salt and protein, can make the wetting worse.

- Try to have a consistent bedtime routine.
- Avoid electronic screens in the last hour before sleep and turn off lights in the bedroom.
- Speak to your child or teenager's GP if you think they may be constipated.
- If you can manage it, try without pull ups or nappies for up to two weeks. If the wetting continues then they can be used while you wait for an assessment.
- Do not wake your child or teenager to use the toilet. Waking them disturbs their sleep, making them more tired. This may make bedwetting more likely to happen.

What happens at an assessment?

The assessment is usually done by a nurse. They may ask you to keep a record of the bedwetting, and of your child or teenager's bowel actions (poos) 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.

You may be asked questions about your child or teenager's toilet training, their medical history and general health. Tell the nurse if you are worried about their use of the toilet during the day, including damp, wet or soiled underwear.

What treatment options are there?

Desmopressin, is a medication. It works by helping the kidneys make less urine during the night. Because of this, it must only be taken at bedtime or up to an hour before. Your child or teenager must not drink for an hour before they take it and for eight hours afterwards.

Desmopressin starts to work quickly. Usually children and teenagers have one week without it every three months. This is to see if they still need it, or if their body has learnt to keep them dry without Desmopressin. If they are wet without it, they may be allowed to have further three-month cycles of treatment.

More information on desmopressin is available in the Bladder & Bowel UK leaflet Understanding Desmopressin

Enuresis alarms make a noise as soon as your child or teenager starts to wet. There are bed mat alarms, which have a mat that goes under the bottom sheet and there are body-worn alarms. These are clippped onto your child or teenager's underwear at night.

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Your child or teenager may need you to help them wake up to the alarm to start with. You may also need to help them turn off the alarm and encourage them to go to the toilet and get changed.

It can take 3 – 4 weeks for the alarm to start to work. Many children and teenagers become dry within 3 – 4 months with the alarm. They should use the alarm until they have had 28 consecutive dry nights. They do not need to stop drinking before bed, unless they are using Desmopressin with the alarm.

Alarms work well for many children and teenagers, including those with learning disabilities. They are not suitable for everyone.

There is more information about alarms in the Bladder & Bowel UK leaflet Using alarms as a treatment for bedwetting.

Which treatment should we try first?

The doctor or nurse should be able to help you and your child or teenager decide which treatment to try first. If the first treatment does not work they can try the other. They can also try both together, or there may be other treatment options.

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).

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

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