

## **BEDWETTING**

### **The Basics**

- Most children, but not all, stop bedwetting between the ages of 5 and 6 years.
- Bedwetting is more common in boys and in deep sleepers.
- Most children will outgrow bedwetting with time.
- Bedwetting is not a bad behaviour or laziness.

220-5010 Richard Rd SW  
Calgary, AB T3E 6L1

P: 403 727 5055  
F: 403 727 5011

info@infinitypediatrics.ca  
www.infinitypediatrics.ca

Dr. Lauren Redgate  
Dr. Kristin Evashuk  
Dr. Kirsten Ebbert  
Dr. Emery Weber  
Dr. Caroline Chee  
Dr. Ernst Hoppenbrouwers

Bedwetting (also known as enuresis) happens when a child urinates during sleep without knowing it. Many children will use the toilet well during the day long before they are dry through the night. It can be many months, even years, before children stay dry overnight. Most children, but not all, stop bedwetting between the ages of 5 and 6 years. Bedwetting is more common in boys and in deep sleepers.

### **What causes bedwetting?**

Bedwetting is most often related to deep sleep—a child's bladder is full but he or she doesn't wake up. Some children have smaller bladders, or produce more urine during the night. Constipation can also lead to bedwetting because the bowel presses on the bladder.

If your child has always wet the bed and has never had 6 months or more of dry nights, there is nothing “wrong” with your child. This type of bedwetting is NOT caused by medical, emotional or behavioural problems. But if your child has been dry overnight for at least 6 months and starts to wet the bed again, this may need to be investigated further.

### **Does bedwetting run in families?**

Yes. In fact, scientists have discovered a gene for bedwetting. A child with one parent who wet the bed when they were young is 25% more likely to wet to the bed. If both parents wet the bed as children, that number rises to about 65%.

### **When do children outgrow bedwetting?**

Most children will outgrow bedwetting on their own over time.

- At 5 years of age, 15% of all children wet the bed.
- By 8 years, 6% to 8% of children wet the bed.
- Even without treatment, only about 2% of children still wet the bed by 15 years of age.

### **Does bedwetting need to be treated?**

Usually not. The most important question is whether the bedwetting is a problem for your child. If bedwetting isn't upsetting your child, then you probably don't need to seek treatment. Most children eventually outgrow it.

However, by 8 to 10 years of age bedwetting may start to affect your child's self esteem and can interfere with social activities like sleepovers. If this is the case, you can talk to your doctor about the following options:

- **An alarm that your child wears at night.** The alarm goes off when he starts to pee and helps teach him to wake up when he has a full bladder. These alarms can be very effective but require commitment! Alarms usually wake up others in the house, so they aren't practical for sleepovers or camp. These can be purchased online or in some medical supply stores

- **Desmopressin acetate (or DDAVP)** is a medication that has been used to treat bedwetting since the 1970s. It comes as an oral melt (a tablet that melts under the tongue) or a pill. Studies show that it works for most children on nights the medication is given. It won't stop bedwetting completely, but it may be useful for special situations, such as sleepovers or camp.
  - Children should not drink water **1 hour before** and **8 hours after** taking DDAVP.
  - DDAVP can have mild side effects, such as headache or stomach pain. It can have severe side effects if not used properly or if your child has certain medical conditions such as children with cystic fibrosis or problems with fluid balance.
  - Like all medications, DDAVP should only be used as prescribed by your doctor.

Whether you and your doctor decide to treat the bedwetting or simply wait for your child to outgrow it, be sure that your child knows bedwetting is not a bad behaviour or laziness. Don't ever punish your child for bedwetting. Your comfort and support are very important.

#### **What else can I do to help my child?**

- Make sure your child doesn't drink too much fluid before bedtime.
- Avoid drinks with caffeine (such as colas).
- Encourage your child to go to the bathroom before bedtime.
- Use training pants instead of diapers.
- Make sure your child can easily reach the bathroom at night. For example, use a night light in the hall or in the bathroom.
- Use a hospital-strength plastic mattress cover to avoid damage to the mattress.
- Place a large towel underneath the bed sheet for extra absorption.
- Don't bother to change a sleeping child who is wet. It's more important for everyone to get a good night's sleep. Leave a towel and change of clothes in case your child does wake up.
- Don't wake your child up to pee when you go to bed. It doesn't help with bedwetting and will just disrupt your child's sleep.
- When your child wets the bed, help him wash well in the morning so that there is no smell.

#### **When should I talk to my doctor?**

Talk to your doctor if your child:

- is concerned or upset by the bedwetting.
- is having daytime accidents.
- has been dry for many months and then suddenly starts bedwetting.
- has other symptoms, such as a frequent need to pee or a burning sensation when peeing