

Help in case of bedwetting (enuresis)

A strict definition of nocturnal enuresis (bedwetting) refers to involuntary micturition (urination) which occurs in children aged 5 and more. What categories of children are concerned and how to approach this situation?

Enuresis happens to 10-20% of children aged 5, 8-15% of children aged 6 and 5-10% of children aged 7. It is still present to 1-2% of the teenagers.

The causes of enuresis

Bedwetting often represents a great stress for the child and his/her family.

A large majority of the children who wet their bed have no organic or psychic problems. The precise origin of the problem remains often unknown. The function of the bladder and its capacity are practically always normal. Some children produce a particularly high amount of urine during the first hours of sleep, which exceeds the maximal capacity of their bladder. The reason why these children do not feel the need to urinate and remain asleep is often attributed to deep sleep. If enuresis is rarely the expression of serious psychological disorders, minor conflict situations can favour the appearance of enuretic accidents: jealousy over a younger sibling or a newborn; tensions before starting school; disagreements between parents. Enuresis often has a family character, the environment playing probably a role as important as genes.

The treatment

How to help a child who wets the bed?

Unfortunately the subject of bedwetting is taboo in our society. Speak about it openly with your child, there is no reason to feel ashamed. Enuresis has a very good prognosis because a spontaneous recovery is observed every year in 15% of the children who wet their bed. Patience is essential in dealing with a child who still wets his bed. It's all a question of time. Support begins with an appointment with the paediatrician. Careful clinical examinations, with several simple urinary tests, allow excluding an organic cause at the origin of enuresis. Parents should also consider the possibility that bedwetting may give the child a secondary advantage, like for example ending the night in his parents' bed! It is important to encourage the child and to reassure him. You should trivialize nocturnal accidents and be amazed when the bed is dry in the morning.

The bed is wet – how to react well?

- Remain still
- Your child can do nothing about it – do not make him experience your frustration
- It is preferable to protect the mattress with a rubber sheet and put a thick bath towel over the bed sheet
- Prepare in the evening a clean pyjama, a second bath sheet and an additional quilt, so you can change everything quickly during the night
- Put an empty bucket in the child's room to eliminate quickly the wet things
- Motivate the child by keeping a diary with him/her: for every dry night he/she can stick a nice sticker in the diary
- Make sure that the way to the toilet remains lit up or that your child can reach easily the switch
- Speak openly about the topic of bedwetting and avoid giving your child a bad feeling about it. On the contrary, strengthen his/her own valuable feeling
- Visit your paediatrician

When enuresis persists beyond the age of 6-7 years, it is necessary to consider doing a more active treatment. Depending on circumstances, we can use a medical treatment or resort to a conditioning therapy with the *pipi-stop*.

The medical treatment can reduce effectively the urinary flow (up to 60 - 70% of cases). The medicine is given at the bedtime in form of pills. Unfortunately, relapses are very frequent when the treatment stops and there can be side effects. Medicine can be useful when a fast solution is wished: holidays at a friend's place, a ski camp, school trip, etc.

The conditioning treatment with an acoustical alarm aims at establishing a conditioned reflex, linking the feeling of the full bladder to the sound of the alarm. The technique consists in a wireless urine detector, connected to the alarm: these devices are often called *pipi-stop*. At the first drops of urine flowing on the urine detector (which the child wears in his/her underwear), a sound is activated, which wakes up the child. When this experience is repeated a certain number of nights, the urge to pass water wakes the child up even before the alarm is activated. After this treatment, most of the children have a dry bed, without needing to wake up. It is possible to count on healing from the second month on. With a good follow-up, this therapy reaches a success rate of around 90%. In case of a relapse a short period of conditioning allows generally to get a definite remission.

The small device Pipi-Stop is very user-friendly. If this device can certainly work wonders, the support of the family remains not less essential to obtain the healing of the enuretic child. A good support and a little patience ...

Source:

Dr med. Jean-Pierre Guignard,
Honorary Professor of Paediatric nephrology, University of Lausanne