



Bedwetting

Bedwetting (nocturnal enuresis) is involuntary urination while asleep. Bedwetting is a common issue in children; approximately 20% of 5 year olds still wet the bed. At 10 years of age 5-10% of children still have nighttime accidents. Less than 1% of children will continue to have issues with bedwetting after going through puberty.

Nocturnal enuresis is separated into two categories: primary and secondary enuresis. Primary nocturnal enuresis is when a child has always wet the bed, even after achieving toilet training during the day. Secondary nocturnal enuresis is when the child was dry at night, for at least 6 months, and then begins wetting the bed again.

Causes of primary bedwetting can include:

- Not producing enough of a hormone that helps them make less urine at night
- Not waking up to the sensation of a full bladder
- The bladder cannot hold enough urine to go through the entire night

Causes of secondary nocturnal enuresis include:

- Constipation
- Urinary tract infection
- Poor toileting habits (not voiding prior to bedtime)
- Drinking before bedtime

There is no approved medical treatment for bedwetting in children younger than 7 years of age. Urinating right before bedtime and limiting fluids 2 hours before bedtime are always part of the treatment plan for any child. A bedwetting alarm has a very high success rate if used correctly. This includes wearing the alarm every night, waking the child up when the alarm goes off, and taking the child to the toilet. The alarm typically must be worn for several months to treat bedwetting. Another option for children who wet the bed is medication. This is an option for older children who continue to wet the bed. It may be used until the wetting naturally resolves or until the family elects to proceed with a bedwetting alarm.