

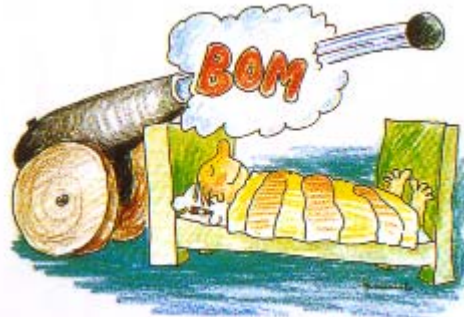
Bedwetting (enuresis) occurs in about 10% of 7 year olds, in about 5% of 10 year old, and 1-2% of 18 year olds<sup>1</sup>. This leaflet describes possible causes and the latest treatment methods for bedwetting.

### Is there any reason to believe that bedwetting is a symptom of a serious illness?

No, not when bedwetting is the only symptom and the person is otherwise healthy!

Most people who are dry during the day but have involuntary bedwetting at night have a bladder that is normal in size but have poor control emptying it, that is, he/she does not feel the urge sufficiently strongly to wake up.

However, people who start wetting the bed and also wet themselves during the day after having previously been dry may have developed a urinary tract infection or have unstable bladders and should see a doctor.



### Is their sleep unusually deep?

There is no conclusive evidence of this. However, according to the parents of bedwetters it is very difficult to wake a bedwetting child as he/she seems to sleep extremely deeply. It has not been possible to show any difference in the bedwetters' sleep patterns compared with people who are not bedwetters.<sup>2</sup>

### Is their bladder function faulty?

Bedwetting is hardly ever found to be due to faulty bladder function.

### Is there any psychological reason?

There is nothing to show that bedwetting children are in any way psychologically abnormal. On the contrary it has been shown that children who have been cured of their bedwetting show greater self confidence and perform better than when they were bedwetters indicating that bedwetting affects psychosocial behaviour.

Bedwetting is often inherited and control over the bladder is a question of the natural maturity process. Three out of four children whose parents have been bedwetters, wet the bed at night and about half of the children have one parent who has had the same problem.

### What other explanations can be important?

During the night the body produces more of a substance (vasopressin) than it does during the day. Vasopressin reduces urine production and concentrates urine. In certain people who bedwet, less than the normal amount of this substance is produced and this means that these people, even during the night, produce large quantities of urine.<sup>3,4</sup> The urine production exceeds the capacity of the bladder and so the person wets the bed.

### How can bedwetting be treated?

Firstly it is important to exclude urinary tract infection – particularly if the person has previously been dry. The doctor also looks for any other disease that the person may have. When this has been accounted for, treatment is considered and then primarily of those people who are **older than 5 years and who wet the bed more than 2 nights a week**. It is important to teach the child to empty the bladder as completely as possible before going to bed. If the bedwetter is a child may be the child can be woken to void later on before you go to bed yourself. Some people can be helped by the pad and bell where a signal, triggered by the first drops of urine, wakes the bedwetter up. The person would then go to the

toilet and then finish voiding. If the pad and bell doesn't cure the bedwetting, MINIRIN® (desmopressin acetate) can be given before going to bed either alone or in conjunction with the pad and bell. MINIRIN® has the same effect on urine as the naturally occurring vasopressin and leads to reduction of urine output at night. MINIRIN® is available on prescription from your doctor as a nasal spray. The active ingredient is absorbed through the lining of your nose.



### Conclusion

Bedwetting is thus quite a common problem even among school-children and it often runs in the family. A pad and bell should be used before trying medication. In other cases administration of the medicine MINIRIN® can be valuable, either alone or in conjunction with a pad and bell. Get in touch with your GP and discuss which type of treatment could be best for your child. Your doctor will decide after a simple examination, if there is a need to refer your child to a paediatrician.

## Finally

Remember, NEVER punish or scold your child for wetting the bed! As you have understood from the information above, bedwetting is caused by various factors over which the child has no control. However, praise the child when the bed is dry in the morning! You can then help to strengthen your child's self-confidence and lay the foundation for successful treatment when the doctor recommends it.



## Useful information about bedwetting (Nocturnal Enuresis) and its treatment

Disclaimer: the opinions expressed in this leaflet are those of the author. Any product mentioned in this publication should be used in accordance with the approved product information.

1. Hallgren B (1957): Enuresis. A clinical and genetic study. Acta Psychiatr Neurol Scand (suppl) 114:27-40
2. NØrgaard J.P.et al: (1985) Simultaneous registration of sleep stages and bladder activity in enuretics Urology XXVI no.3:316-319
3. NØrgaard J.P.et al: Diurnal antidiuretic hormone level in enuretics. J Urol 1985, 134:1029-1031
4. Rittig S. et al (1989): Abnormal diurnal rhythm of plasma vasopressin and urinary output in patients with enuresis. Am J. Physiol 25: 664-671

