

Bedwetting in children

Bedwetting is common in children, and can affect adolescents too. It affects twice as many boys as girls, and can cause embarrassment and stress for children and their families. But help is available.

What causes bedwetting?

It's still uncertain but, according to the Continence Foundation of Australia, bedwetting isn't caused by deep sleep, laziness or emotional disturbances. Some experts believe that the ability to control the bladder may take longer to develop in some children. It is rare for bedwetting to be caused by a medical problem. There is often a family history of bedwetting.

How do children develop bladder control?

Bladder control isn't something we're born with – in babies the bladder automatically empties when it's full. But with time, children gradually learn to recognise when their bladder feels full and to control it. Most children are 'dry' during the day by the age of three and most are 'dry' at night by school age. However it's considered normal for children to occasionally be wet at night (and in the daytime) until they're about five.

When should parents get help for bedwetting?

The general advice is to get professional help when:

- bedwetting continues after the age of seven or eight, or is occurring frequently before this time and causes distress for the child or family
- a child who has been 'dry' for a while suddenly starts wetting
- the bedwetting is upsetting the child, causing anger and frustration
- the child's social life is affected by bedwetting (eg feels he/she can't accept 'sleepover' invitations or go on school camps because of the risk of bedwetting)
- the child lets you know he or she wants help with the problem.

What can be done about bedwetting?

Most children eventually stop bedwetting without treatment. But if help is needed, a health professional will first make sure there's no physical cause for the problem and then decide the most suitable approach. Options include:

- **Bladder training programs**
Supervised by a continence advisor, these involve teaching children good bladder habits to 'train' the bladder to hold more urine.
- **Bedwetting alarms**
These are usually placed in the child's bed, under the child. The alarm is triggered by leakage of urine and wakes the child up. This can help train a child to wake up when his or her bladder is full.

- **Behavioural techniques**

These involve encouraging children to stay 'dry' by rewarding their progress with praise or small treats. This doesn't guarantee dry beds but may help children stay motivated to keep trying.

- **Medication**

Some medications prescribed by a doctor will help prevent bedwetting. However the decision to use them needs to be carefully discussed with the doctor, as like all medications they may have side effects. Although they may prevent bedwetting, they don't help the child develop better bladder control. Once medication is stopped, bedwetting may return.

What parents can do

- Be encouraging. Praise success, ignore 'accidents'. Never use punishment for a wet bed.
- Make sure the child drinks plenty of fluid daily – but not cola drinks. These contain caffeine which can irritate the bladder. If a teenager has the problem, explain that alcohol, as well as caffeine in coffee, tea and chocolate, may make them urinate more frequently. This, in turn, means their bladder doesn't 'learn' to hold its full capacity.
- Encourage the child to take responsibility for the problem as much as possible – eg changing his or her own sheets.
- Be aware that constipation can aggravate the bladder sometimes. Plenty of vegetables, fruit and wholegrain cereal foods (eg wholegrain breads and breakfast cereals), fluid and regular exercise help prevent constipation.
- Avoid putting the child on the toilet during the night – it may cut down on wet beds, but won't improve bladder control.

For more information, see your doctor or contact the Continence Foundation of Australia in NSW Inc on 9840 4165 or 1800 330 066, or visit their website at <www.contfound.org.au>. The Foundation can refer you to a Continence Advisor in your area.

If you need help making phone calls in English, ring the Translating and Interpreting Service (TIS) on 131 450.

You can find more health information in your language on the Multicultural Communication website at <<http://mhcs.health.nsw.gov.au>>.

Telephone numbers are correct at time of publication but are not continually updated. You may need to check the numbers in the telephone directory.