

# Enuresis FAQs

F. Chalmers MD, DCFS Region 3 Medical Consultant, 10/19/09

## *What is enuresis?*

- **Nocturnal Enuresis** happens during sleep, also known as bedwetting
  - **Primary nocturnal enuresis** is when the child has never been dry at night for over more than a week
    - This is the most common form of enuresis; it is considered normal until age 5 at which point it is seen in 10-15% of children, more often in boys than girls.
    - 3-5% of 10-15 year olds and 1-2% of 16-18 year olds still have nocturnal enuresis
    - There is often a family history of enuresis in one or both parents
    - It is associated with very deep sleep
  - **Secondary nocturnal enuresis** is when the problem starts after a period of dry nights
    - Secondary enuresis is more likely to be associated with an underlying medical or emotional problem, including behavior disorders and anxiety
- **Daytime Enuresis** happens during the day and is defined as wetting that occurs in the clothes, at least twice a week, for at least 3 months
  - Daytime enuresis is more likely to be associated with infection, stress, developmental delays, or a small bladder
- **Combined**, daytime and nocturnal enuresis occurs in a small number of children

## *How is enuresis diagnosed?*

- Children with any kind of enuresis should be evaluated by their primary care physician/ARNP
  - A complete history will uncover any family history, medications, or other symptoms that might help identify a treatable underlying cause
  - A careful physical exam will rule out a neurological abnormality or structural defect
  - A urine sample will likely be obtained to look signs of for infection, glucose as a sign of diabetes, and the ability to concentrate the urine

## *How is enuresis treated?*

- No treatment is really indicated until age 5 years as most children will become dry at night by then
- When to intervene with treatment efforts depends on whether the bedwetting is disturbing to the child or family. When wearing a pull-up becomes a negative factor, the enuresis leads to avoiding social events, and when self esteem is being affected it is time to start some intervention.
- For a few children, restricting fluid intake after dinner, making sure they void right before bed, and/or having a parent wake them to go to the bathroom at 10-11 pm is all it takes
- The majority, however, are such deep sleepers that the above efforts are either impossible or simply don't work. For these kids either behavior therapy or medication, or both, might be considered.

- **Behavior therapy** should be tried first:
  - Mechanical treatment devices include various types of alarm systems
  - These systems buzz or ring in response to moisture. When they awaken the child they gradually train the brain to alert to a full bladder. When they work, the effect is lasting 90-95% of the time
  - Sometimes positive incentive rewards (not food) can be helpful
  - Bladder training during the day involves an effort to increase bladder capacity (size) and to strengthen the sphincter that keeps the bladder from spontaneously emptying when it is full
  - The child should never be punished for the enuresis
  
- **Medications** are occasionally used:
  - These are typically used for one time events or as a last resort
  - In some cases, medication will augment the effectiveness of behavior therapy
  - They all have side effects and most of the time the effect goes away when the medication is stopped.
  - Desmopressin, or DDAVP, first came as a nose spray and now is given as a pill. It works by reducing the amount of urine in the bladder. If too much is given it can cause serious water toxicity.
  - Imipramine (Tofranil) is a tri-cyclic antidepressant medication with lots of side effects. It works by increasing bladder capacity. This medication is hardly ever used anymore due to significant side effects.

**References:**

<http://www.webmd.com/mental-health/enuresis> - a general site for families.

[https://secure02.kidshealth.org/teen/diseases\\_conditions/urinary/enuresis.html](https://secure02.kidshealth.org/teen/diseases_conditions/urinary/enuresis.html) - a teen friendly site.

<http://www.drybed.com/index.html> - The Enuresis Treatment Clinic, a private company that provides one on one coaching for families based on the belief that enuresis is the result of a sleep disorder. Expensive and not covered by medical insurance but highly successful for those who stick with the 5-7 month program.

[http://www.bedwettingstore.com/?gclid=CKLt\\_I-Qyp0CFSWlagodHWffqw](http://www.bedwettingstore.com/?gclid=CKLt_I-Qyp0CFSWlagodHWffqw) – An online/catalog store for all equipment and devices used in the management of enuresis.

[Waking Up Dry: A Guide to Help Children Overcome Bedwetting](#), by Howard J. Bennett, MD FAAP, 2005. This pediatrician written and recommended book is available online as [www.aap.org/bookstore](http://www.aap.org/bookstore).