BEDWETTING

When is bedwetting a problem?[1,2]

Most children have developed control of their bladder by the age of 5 years. However, boys do tend to develop proper bladder control and maintain dryness at night later than girls. Bedwetting at ages 6 – 7 years becomes problematic because the child is in school and may experience social problems.

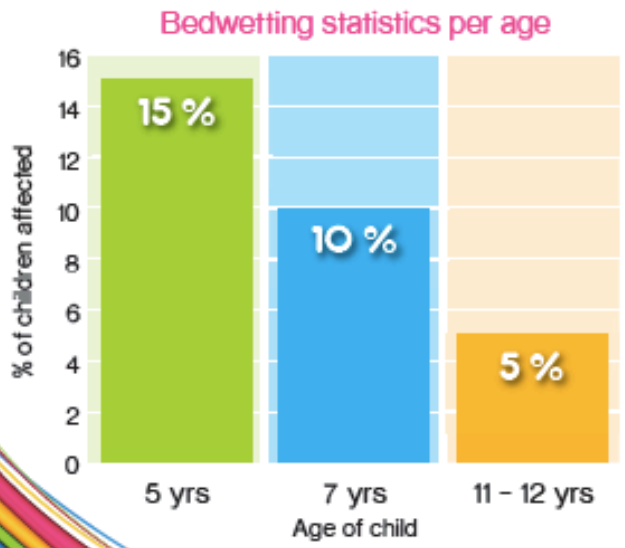
What causes bedwetting?[3,4]

Life stressors have been linked to bedwetting; however, most children with this problem have no history of any major life events.

The most common causes of bedwetting are due to one or more of the following:

- Overproduction of urine at night (the most common problem)
- Reduced capacity of the bladder to store urine at night or overactivity of the bladder
- Inability to wake in response to full bladder sensation

How common is bedwetting?[4]



Effects of bedwetting on a child[4,5]

- Low self-esteem
- Social withdrawal
- Anxiety
- Fear of sleeping over at friends' houses
- Sleep disturbances

Will the problem resolve naturally?[4,5]

- 15 % of children will stop bedwetting without treatment
- If severe bedwetting is not treated, it can continue into adolescence and adulthood
- Bedwetting occurs in 2 – 3 % of adults

What can I do to help my child?[6]

- Reassure your child that this is a common problem and is not his/her fault
- Effective treatment is available. Contact your doctor for advice
- Encourage your child to go to the toilet frequently during the day, especially just before bedtime and on awakening
- Reduce the amount of fluid consumed in the evening
- Encourage physical activity

BEDWETTING CAN BE TREATED SUCCESSFULLY!

References: 1. van Dyk JC, *et al.* South African guidelines for the management of nocturnal enuresis. *SAMJ* 2003;93(5):338-340. 2. Hjalmas K, *et al.* Nocturnal Enuresis: An International Evidence Based Management Strategy. *J of Urology* 2004;171:2545-2561. 3. Kiddoo DA. Nocturnal enuresis. *CMAJ* 2012; 184(8):908-911. 4. van Kerrebroeck P, Nørgaard JP. Desmopressin for the treatment of primary nocturnal enuresis. *Pediatric Health* 2009;3(4):311-327. 5. Vande Walle J, *et al.* Practical consensus guidelines for the management of enuresis. *Eur J Pediatr* 2012:1-13. 6. Nevus T, *et al.* Evaluation of and Treatment for Monosymptomatic Enuresis: A Standardization Document From the International Children's Continence Society. *J of Urology* 2010; 183: 441-447.

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