Childhood Bedwetting and Treatment

Bedwetting (otherwise known as nocturnal enuresis) is a common and distressing condition in childhood. It affects about 20% of 5-year-olds, 10% of 10-year-olds and 3% of 15-year-olds. An Australian study found that 19% of children aged 5-12 years sometimes wet the bed. The good news is that bed wetting typically improves over time, however, those with severe bedwetting are less likely to become dry and it can persist into adulthood. Bed wetting is typically during the night, but it can also occur during the day.

Bed wetting can impact significantly on the child's wellbeing and social development, not to mention being stressful for parents. There is often shame and embarrassment felt at bed wetting, although it is a perfectly common and natural phenomenon.

Causes and Risk Factors

Bed wetting is likely to result from many different factors, including genetic predisposition (family history) and environmental factors.

• Genetic tendency and family history (bed wetting tends to run in families)

• Difficulty rousing from sleep and being a deep sleeper

• Hormone imbalance

• Small bladder

• Constipation

• Disruptions to environment or stressful events

In some cases, there may be a medical problem causing the child's bed wetting. It is always important to see your GP or paediatrician to review potential causes, such as urinary tract infections, sleep apnoea, or type 1 diabetes. Bedwetting is not an usually a behavioural problem, nor do children do it for attention. It is more likely your child has little control or awareness when they wet the bed overnight.

When To Get Treatment

You may wish to see a doctor about your child's bedwetting if:

• They are at least 7 years old.

• You child wets during the day time

• You or your child are frustrated or it is causing impairment (inability to go on school camps, for example)

• You punish or are concerned you might punish your child for bed wetting

Treatment and Bedwetting Alarms

The good news is that there are some very efficacious treatments for bedwetting that can produce results reasonably quickly, such as medication or bed wetting alarms. One particular treatment is an alarm system fitted to the child's bed called the Bell and Pad system. Alarm systems are considered first-line treatment for enuresis and often more effective long-term than medication alone. Research indicated it has an effectiveness rate of approximately 66%, and in some studies, up to 80%. This system is more effective when administered by a trained professional such as a psychologist or occupational therapist. Children using the alarms are less likely to relapse than children taking medication alone. This process can take six to eight weeks to work, and needs consistent positive support from the whole family. It important that the child feels empowered to 'take charge' of the process themselves, but has support, encouragement and enthusiasm from loved ones.

Most children don't need rewards to motivate them to take part in treatment – the prospect of a dry bed is usually enough. But it can be helpful to keep a record chart of dry nights and wet night that your child can complete themselves, designing it themselves with pictures or stickers.

A rubber mat is placed in the bed under where the child's bottom would be and is connected to an alarm by a wire. The mat is placed on top of the bed sheets, and under an extra top sheet that is a thin material. When the child wets the bed, a loud alarm sounds and they get straight out of bed, turn off the alarm and go to the toilet to finish emptying their bladder. Then the child dries the mat off,

turns the alarm back on and gets back into bed. When the child has 14 dry nights in a row, then you can leave the mat off the bed altogether. The child will learn to wake up and go to the toilet before they wet the bed, or they'll learn to hold on all night.

Talk to your GP about your child's bed wetting to review potential causes and treatment options. CBT Australia are based in Narre Warren and Mentone and have the Bell and Pad equipment available and are able to support you and your child to be dry. Before making an appointment obtain a referral from your doctor and obtain a Mental Health Treatment Plan to enable Medicare rebates.

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