

## Bed-Wetting

About 15% of all elementary school children wet the bed. If they continue to wet the bed past age 5, this is a problem that should be treated. About 66% of bed wetters are boys. Bed-wetting stops children from spending the night away from home. Children usually want to stop bed-wetting. These children are not lazy. They need to be told that bed-wetting is not their fault.

Health care professionals refer to any unplanned or uncontrolled wetting as enuresis. Most children stop daytime wetting by age 3. Most children also stop nighttime wetting shortly after age 3. Failure to stop nighttime wetting is called nocturnal enuresis or bed-wetting. All children with wetting problems, especially those who wet during the day, need a medical exam. This exam should include testing for infections or other physical problems. Most children who have wetting problems only wet at night. Only about 1 out of 20 has medical problems that require treatment.

Bed-wetting runs in families. It may be partly inherited. Parents often think that they caused bed-wetting. This is almost never the case. Parents should not be worried because bed-wetting is not their fault.

The idea that bed-wetting will simply go away if you are patient and wait long enough is false. It can take more than 3 years for bed-wetting to stop without treatment. About 1 out of every 7 or 8 children who wet the bed will stop wetting a year later if nothing is done. It is not a good idea to wait for a child to outgrow the problem. This can cause the child's self-esteem to suffer. Effective treatments are now available.

### Theories about Causes of Bed-Wetting

#### Delays in Physical Maturation

Children with wetting problems often have a smaller bladder capacity. They urinate smaller amounts than children who can remain dry at night. Some evidence suggests that at least some bed-wetting children also produce less anti-diuretic hormone during sleep. This causes them to produce more urine at night.

#### Deep Sleep

Many people believe that children wet the bed because they are deep sleepers. This theory is not supported by research. Most children are deep sleepers. Children with wetting problems do not differ from other children in how deeply they sleep. Wetting episodes can occur during any stage of sleep.

#### Allergies

Food allergies are not usually related to bed-wetting. Children taking medications for allergies may wet more often when taking medications. As a general rule, caffeine should be avoided whenever possible. Some foods that have caffeine are soda and chocolate.

#### Emotional Distress

Bed-wetting is upsetting to children and parents. Emotional distress is most often the result of bed-wetting. It is not the cause. Children who have been dry at night for a year or more and then start bed-wetting again may be different. Among these children (about 20% of bed wetters), emotional distress may be a cause of bed-wetting.

### Physical Learning

Children who wet the bed have not learned how to control the muscles they need to prevent wetting during sleep. They cannot make the physical response during sleep. As a result, they cannot wake up in the night to go to the bathroom. These responses can be learned with proper training.

### Medication Treatments

In general, as long as the child takes the medication treatments, these treatments tend to produce a decrease in wetting. When the child stops taking medications, the bed-wetting returns. Medications rarely “cure” bed-wetting. Medications might provide a temporary answer to the problem by allowing children to control bed-wetting for short periods of time.

#### Imipramine (Tofranil)

This antidepressant medication is the one most often prescribed. Children usually respond to this medication immediately by wetting less often. Some children, however, cannot tolerate the medication. Some may experience side effects such as increased heart rate and elevated blood pressure. Long-term use of imipramine to control bed-wetting should be considered only when other treatments have failed. Care should be taken to avoid overdose, which can be dangerous.

#### Oxybutynin (Ditropan)

This medication reduces bladder spasms. It is most often prescribed as a treatment for daytime wetting and adult failure to control bodily functions. As a treatment for bed-wetting, there is very little evidence for its effectiveness.

#### Desmopressin (DDAVP)

This is an artificial form of antidiuretic hormone. It is typically given as a nasal spray before bedtime. Children who respond to this medication do so quickly. The frequency of their wetting is usually reduced. Side effects appear to be low even over long periods of use. As with imipramine, children usually return to regular bed-wetting when the medication is stopped.

### Behavior Therapy

Behavior therapy with a urine alarm is the treatment of choice for simple bed-wetting. Over 50 years of research supports this claim. A permanent solution to bed-wetting can be expected for about 5 out of every 10 children treated with a urine alarm.

### Urine Alarm Treatment

This treatment can be delivered by parents under professional supervision. A battery-powered alarm device is activated when the child wets. If the sound does not wake the child, the parents have to wake the child. Repeatedly waking a child immediately after onset of urination teaches the child to control muscles even during sleep. The treatment takes 12 to 16 weeks.

Parents and children need to cooperate to use this treatment. The most common reasons this treatment does not work are not waking the child every time the alarm sounds and not continuing the treatment for the full period. Chances of success are very high with this equipment (called bell and pad) if it is used with a therapist's help.

### Retention Control Training

This training is often referred to as bladder exercises. This daytime practice rewards children for holding urination for longer periods up to 45 minutes after the first urge. The exercises often increase bladder capacity. By itself, this training does not stop bed-wetting. However, children who do this along with urine alarm treatment stop bed-wetting faster. This training is helpful when used with the urine alarm.

#### The Problem of Staying Dry

Not every child who stops bed-wetting with the urine alarm treatment will remain dry a year later. The best solution to the problem of relapse is to prevent it. The most practical way of preventing relapse is called overlearning. This requires the child to drink additional liquids before bedtime and continue using the urine alarm. When this is done, only 1 of every 10 children who stop bed-wetting fails to remain dry. Another solution to relapse is to treat the child again with the urine alarm. This needs to be done as soon as a child starts wetting again even as little as once a week.

#### What About Side Effects?

Available evidence shows that children treated with a urine alarm improve in their self-esteem and peer relationships. There are no known negative side effects of urine alarm treatment, only positive ones.

#### Who Is Best Suited for Behavior Therapy?

Children between the ages of 5 and 16 respond well to urine alarm treatments. The treatment is demanding for the whole family. Children with severe behavior problems need help with those problems before starting urine alarm treatment. Single parents and parents with marital problems need special help to carry out urine alarm treatment with a child.

### **What Is Cognitive Behavior Therapy?**

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;
- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living

that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

For more information, please contact ABCT at  
305 7th Avenue, 16th Fl., New York, NY 10001  
Phone (212) 647-1890