Medication

Some children will respond to medication. Several drug treatments have been useful for bedwetting. *DDAVP™* (desmopressin) mimics a hormone normally secreted at night to decrease urine production and prevent bladder filling and leakage. This medication has few side effects but excess evening fluid consumption should be avoided. Many children use *DDAVP™* only as needed, for those nights when they must remain dry, such as sleepovers or camping trips.

Imipramine, taken at bedtime, causes bladder relaxation, tightening of the bladder control muscles and a change in sleep quality, all of which can improve bladder control. Some children will experience drying of the mouth and constipation with this medication. Dosing instructions for *imipramine* must be followed carefully and the drug should be stored safely as an overdose can be dangerous.

Other medication may be appropriate for children who have a daytime bladder control problem in addition to bedwetting.

Your physician will review the various treatment options for your child's bedwetting and, together, you can decide what if any treatment is necessary. Eventually, nearly all children with bedwetting will outgrow their problem with or without treatment. Parents should remember that bedwetting is not a disease or illness but rather a delay in the development of normal nighttime bladder control. Patience and encouragement will go a long way toward helping your child control bladder function at night.

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Bedwetting

Bedwetting is common in children, most often resolving over time with the support and patience of parents.

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Bedwetting or nocturnal enuresis (nighttime wetting) is a common problem in children. Up until the age of five years it is considered normal and does not require investigation or treatment. Among five year olds, about one in six will wet the bed. Bedwetting may run in families. In almost all cases it resolves over time without treatment.

Several theories have been proposed to explain bedwetting. A delay in the normal development of nighttime bladder control is thought to explain most cases. Rarely, bedwetting is the result of other underlying problems.

Investigation

Your urologist will have asked you about your child's toilet training, usual voiding pattern and bowel habits. The duration, frequency and severity of bedwetting will have been reviewed. Examination of the abdomen, lower back and genitals will detect any obvious anatomic abnormalities.

A simple urine test will help rule out urinary infection and other abnormalities. In most cases no other investigations will be required. Further testing may be required in children with severe daytime wetting, fecal soiling, urinary infections or physical abnormalities.

Treatment

Most children with bedwetting will eventually develop complete and reliable control without treatment. Patience and gentle encouragement will minimize the anxiety that a child may feel about bedwetting.

In some cases, treatment may be helpful to assist the child in gaining control. Treatment falls into one of three forms:

1. behaviour modification,
2. a bedwetting alarm, or,
3. medication.

Behaviour modification

Behaviour modification encourages a child to change his or her behaviour with rewards. Your child should limit fluid consumption in the evening and urinate regularly throughout the day, including immediately before going to bed. It may be appropriate for a parent to awaken the child a few hours later to void again. Dry nights should be recorded on a calendar with stickers of the child's choice. A treat rewarded for a series of consecutive dry nights will contribute to your child's sense of accomplishment.

Punishment or negative feedback for bedwetting should be avoided as they may increase the child's anxiety and often worsen the frequency of nighttime accidents.

Bedwetting alarm

Bedwetting alarms may be useful at helping children acquire nighttime control. The ideal alarm has a sensor that clips on to the child's pyjamas. The first drop of urine detected sets off an alarm, usually a buzzer or gentle vibration. When the alarm is triggered, the child should awaken and finish voiding in the toilet. At first, the child may not awaken when the alarm is set off. It may be best for a parent to sleep in the child's room for the first few nights to help out.

Many children will be conditioned to gain control with the use of an alarm. The alarm may not be required beyond three to six months of use. If a child is becoming frustrated after using the alarm for a few weeks, it may be best to take a break for a few months and then try it again. Bedwetting alarms can often be rented or purchased for about $100 through a medical supply store.