

How to Help Kids Stop Bedwetting

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Although wetting the bed or having accidents during the day isn't uncommon for young children, it can still cause a lot of shame and frustration, particularly when kids don't seem to be growing out of it, or are regressing back into the behavior. When the problem persists after their fifth birthday, it can be a sign of a disorder called enuresis.

Enuresis is characterized by voluntary or involuntary urination at inappropriate times and places. Children have to be at least five years old to be diagnosed with the disorder, and the wetting incidents must occur at least twice a week for three months or longer.

Dr. Laura Kirmayer, a clinical psychologist who has worked with many children who have enuresis, says that the disorder is very treatable, although she warns that it is important to rule out any possible medical condition before diagnosing a child with enuresis. Bedwetting could also be caused by diabetes, sleep apnea, urinary tract infection, hormone imbalance, chronic constipation or some other issue.

Types of enuresis

Kids with enuresis may wet the bed while they're asleep (called night-time enuresis), or their clothes while they're awake during the day (daytime enuresis), or both.

The psychology community also discriminates between what's called primary and secondary enuresis. In the case of the former, the child never learned to control her bladder and has been wetting the bed since she was a baby. Children with secondary enuresis *did* learn to use the toilet correctly and stay dry over night, but develop the condition at least six months after learning to control their bladders.

Primary nocturnal enuresis is the most common form of the disorder.

When it comes to treatment, the most important distinction to make is whether the wetting is voluntary or involuntary. If it is voluntary, treatment should resemble that of any other [oppositional behavior treatment plan](#): parents should focus on positive reinforcement for desired behaviors, and limit setting and appropriate consequences for undesired behaviors. For involuntary enuresis, treatment needs to begin with skill building because the child is still learning how to control her bladder. Using disciplinary methods – or shaming – for children with involuntary enuresis would be unfair and could potentially have negative consequences.

Be on the lookout for things that could be causing accidents, like anxiety that might make a child not want to go to the bathroom at school or feel like she can't ask for permission. Other kids who struggle with distractibility or impulsivity might even forget that they need to use the bathroom because they're doing something very fun or interesting. Kids going through

significant stress at home or school might also begin having accidents again. Paying attention to potential underlying causes can let parents know if their child might require some targeted help besides regular enuresis interventions.

The bell and pad technique

The most common treatment for nighttime enuresis is the bell and pad technique, also known as a bedwetting alarm. This method consists of a device kids wear at night that has a sensor, making a noise when it becomes wet and ideally waking up the child in time for him to stop the stream and go to the bathroom.

Dr. Kirmayer says that for a small percentage of children, the bell and pad method can have a kind of positive placebo effect. Just using the bell and pad means that they will start to be more aware of their bladder and have fewer accidents as a result. However the alarm doesn't teach children how to prevent themselves from wetting the bed, since the alarm only goes off once the bed is already wet, often *after* the child has already emptied his bladder. It can also sometimes take several months before the bell and pad method starts having an effect.

If it has been determined that the child has involuntary enuresis, Dr. Kirmayer suggests a more proactive approach that families can try either by itself or combined with the bell and pad.

Learning about the bladder

Dr. Kirmayer likes to begin treatment by explaining how the bladder works. In a session with parents and child, she frames the bladder as a muscle that can be controlled, and explains that the brain and muscle can work together. The session is informative, but she also tries to make it fun, using a balloon filled with water to demonstrate how the bladder can expand and contract.

Families coming for help with enuresis are often feeling frustrated, so it can be a relief to parents and children alike to shift the focus away from what the child is failing to do to more neutral, proactive grounds: learning about how the bladder works and how, with time and practice, the child can learn to control it.

Training

After the child understands how the bladder works, it's time to start practicing. Dr. Kirmayer recommends that the family first spend a week tracking the child's pattern of urinating, diet and fluids, setting aside the weekend for the whole family to practice what she calls bladder training: "Filling the bladder, rating the level of urge, being mindful of what it feels like when the bladder is really, really full versus only a little bit full."

Making it an activity for the whole family takes some of the pressure off and creates a fun way for families to positively reinforce the child's growing ability to pay attention to what he's feeling. Dr. Kirmayer notes that this might be a good time for parents to also help kids start

paying attention to other sensory experiences they are having, since children who struggle with bedwetting sometimes also are not aware of when they're feeling full or tired.

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Also, if parents notice that their child tends to have more accidents when he is deeply engaged in an activity, they can flag that tendency for him and give regular reminders to check in with how he's feeling.

This daytime practice actually helps kids who struggle primarily with nighttime enuresis, too. "The skills training exposure and practice really has to happen in the daytime to see it generalize into the nighttime," says Dr. Kirmayer. "If they're deep sleepers then they need to have already started increasing their attention and awareness when they're conscious and not fatigued in the daytime for it to be able to map onto the time when they're most at risk."

Besides helping the child learn to start being more mindful of the sensations he is having in his body, another goal should be for the child to start feeling like he has some control over his body's functions, and for him to take some pride and excitement in the skill he is developing. Parents can help by periodically reminding kids to check in with how their bladder is feeling and offering lots of positive reinforcement to keep kids motivated and engaged.

Taking medication

There is a pill for enuresis, and parents often employ it for events like sleep-away camp or a sleepover. But it won't solve the problem in the long-run. Dr. Kirmayer likens it to taking a Xanax before a plane ride — "It's not going to cure your fear of flying if you don't eventually fly without the Xanax," she says. Still, she thinks taking the medication does make sense for certain situations, like a sleepover the child is desperate to go on.

Staying positive

It can take time for kids to learn to control their bladder, so it is important for families to stay positive. Dr. Kirmayer says that kids should be encouraged to keep practicing body awareness and stay engaged. "Even if they end up wetting the bed, maybe they could still get up in the morning and change the sheets or put them in the laundry basket — whatever the routine is that has been agreed upon — without them having to be prompted," Dr. Kirmayer suggests. That way the child is staying invested in the process and playing an active role. It also gives parents something positive to reinforce.

"I think the biggest challenge is that unfortunately with nighttime wetting either parents are getting woken up and they're tired and they're frustrated or they wake up in the morning it's not what they want to be dealing with first thing," says Dr. Kirmayer. It's hard for parents to contain

what they might be feeling internally, but it's important to stay neutral and focus on the positive. Inadvertently shaming and blaming the child won't help and may even cause her to start having "accidents" on purpose out of defiance.

Modeling distress tolerance in the face of disappointment will help everyone in the family stay feeling positive. After an accident the lesson should be: It's no big deal. We're still working on it, you're going to get it, but we're just not there yet.

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Bedwetting Solutions: How Can You Stop Bedwetting?

Tips to help your bedwetting child stay dry.

By Kathleen Doheny ,

FROM THE WEBMD ARCHIVES 

At age 7, Billy was getting invitations for sleepovers from friends. He wanted to go, but there was a problem: how to stop bedwetting.

Bedwetting had been an ongoing issue for Billy, says his mother, Jane, (not their real names) of Bethesda, Md. Her two older children hadn't had the problem, but Billy couldn't seem to stay dry. "He wanted to start being dry so he could go to sleepovers," she says.

Billy has lots of company – 20% of 5-year-olds and 10% of 6-year-olds are bedwetters, says the American Academy of Pediatrics. Most grow out of it and usually there's nothing serious going on. But statistics and research weren't making the sleepovers easier for Billy.

So Jane broached the topic with Billy's pediatrician and heard some good news. Bedwetting solutions abound, from simple "reward" systems to using urinary bed alarms -- the strategy that ended up working for Billy.

Here, what parents hoping to help their child stop bedwetting need to know about solutions.

Addressing Bedwetting Misconceptions

Before pediatricians suggest a specific bedwetting solution or treatment, most seek to educate parents.

Bedwetting "often runs in families," says Howard J. Bennett, MD, a pediatrician in Washington, D.C., author of *WakingUp Dry*, and Billy's pediatrician. Usually, the child becomes dry at about the same age as the parent did. And no matter what you may think, bedwetting is *not* due to laziness or spite, two common misconceptions, pediatricians say.

Getting your pediatrician's input, instead of trying remedies on your own, may speed things along, according to a study published in the *Journal of Urology*. Researchers found that when children followed their pediatrician's advice about bedwetting solutions they were dry earlier than a group of children whose parents picked the treatment to stop bedwetting on their own.

Bedwetting: Ruling Out Medical Problems

Next, physicians are careful to take a medical history and rule out medical causes, such as constipation or infection. Most bedwetting is what doctors call primary enuresis, meaning the child has always wet the bed. Doctors think it's usually caused by a delay in the maturation of the mechanisms controlling the bladder.

But if bedwetting occurs after the child has been dry for a year or so, it's termed secondary enuresis, and doctors must look more closely at the cause. Secondary enuresis could occur with psychological stress or trauma, and the child may need counseling or other treatment.

If no medical or psychological causes for bedwetting can be found, the family can move on to ways to help the child stop bedwetting.

How to Stop Bedwetting: Urinary Bed Alarms

Urinary bed alarms are generally regarded as the most effective bedwetting treatment for the long term.

Alarms are available in several different styles, but all include a moisture sensor and an alarm. One model, for instance, involves a moisture sensor worn on the underwear or pajamas, attached to an alarm box worn on the shirt. The sensor detects moisture almost immediately and sounds the alarm, alerting the child to get up and go to the bathroom.

In a report summarizing the medical evidence on bedwetting treatments such as alarms, behavioral interventions such as giving rewards, and medications, alarms were found to be the most effective. The study was published in the *Journal of Wound Ostomy Continence Nursing*.

In another study, published in the *Journal of Paediatric Child Health*, researchers found that 79% of 505 children who wore bed alarms achieved dryness within about 10 weeks (half took longer, half took less time). Six months later, 73% of those children were still dry.

While many parents try the other strategies first even before discussing bedwetting with their pediatrician, some go straight to the bed alarm.

How to Stop Bedwetting: Rewards for Dry Nights

Eleanor and her husband, Ray, moved to another common strategy – the reward system. This can involve giving the child a small toy after a dry night or rewarding him with a trip to the park or someplace else he wants to go. Eleanor and Ray bought little prizes, such as coloring books and rubber balls, and pasted them on the wall so Michael could look at them.

"When he had a successful night, he would pick a prize," Eleanor says. "That worked for a while."

Anything special to the child can be used as a reward, says Robert Mendelson, MD, a Portland, Ore., pediatrician who often counsels parents about bed-wetting issues. Load on

the praise, too, he says. "Any time the child is dry in the morning, tell them how great they are," he says. "Congratulate them, tell them, "You are getting to be a big boy or girl."

How to Stop Bedwetting: "Lifting"

Eleanor and Ray also tried a technique called "lifting." This strategy involves making sure your child goes to the bathroom right before his bedtime, and then waking him up after he has been asleep two or three hours and taking him to the toilet.

"We went to two times a night," Eleanor says. "One at 11 and the other at 2:30 a.m. My husband got the 2:30."

Patience won out. "It didn't work immediately," she says. "We did this for over six weeks." Suddenly, one day he didn't wet. And the next, and the next. She doesn't know if it was the lifting or just time. "I think he just grew out it," say Eleanor, who is relieved.

"Lifting can be a helpful temporary measure while you are waiting for kids to get dry on their own," agrees Bennett.

How to Stop Bedwetting: Bladder Training

Helping your child delay urination during the day is another strategy. Using an egg timer, you ask your child to tell you when he has to go, then ask him to hold it for another few minutes. You start with about five minutes and add a couple minutes each time, he says. The goal is to get to 45 minutes.

But this process takes time and you should do it every day, he says. If old enough, a motivated child can do it on his own.

How to Stop Bedwetting: Fluid Restriction

Limiting fluids at night is widely suggested but can be difficult to do. Eleanor, 40, of West Covina, Calif., tried taking away liquids every night at 7 p.m. when she was attempting to help her son Michael, now 4 1/2, stay dry all night.

Then she moved it up to 6 p.m. "He started begging me for a tiny drink, and I felt so bad," she says. Looking into his eyes as he begged for just a sip was too much for her, she says. "So I couldn't do that anymore."

"I don't recommend restricting fluids unless it is the kid's idea," says Bennett. "Otherwise the kids see it as a punishment."

Bedwetting Products: Waterproof Sheets

Plastic sheets and disposable underwear can save sanity and mattresses. You can also use the "double bubble" method of making a bed. Layer a plastic sheet, regular sheet and a blanket; then repeat the process.

Teach the child how to strip off the top layer and make a fresh bed. Keep some fresh pajamas or disposable underwear bedside, too, so he or she can easily change into dry

ones.

Bedwetting Products: Super Training Pants

Super absorbent training pants designed for use at night can help, as well. Bennett tells parents they are fine to use when the child is 4, 5, or 6.

By age 7, he usually suggests trying something else.

Bedwetting Treatment: Medications

Medications usually work while the child is taking them, but once they're stopped the bedwetting typically starts again. And the medicines can have side effects.

Among the bedwetting treatment options are desmopressin (DDAVP), a synthetic copy of a body chemical that controls urine production, given at bedtime. It's available in tablets and nasal spray forms, but the nasal spray is no longer indicated for primary bedwetting treatment, according to an alert issued by the FDA in late 2007. The agency cites risks of the nasal spray causing low blood sodium levels, in turn possibly leading to seizures and death.

Bennett sometimes prescribes DDAVP in tablet form temporarily, perhaps to help a child stay dry on a sleepover or at camp. "It works immediately if you have the right dose," he says. He will try out a dose before it's needed to be sure he has picked an effective one.

Another medication option is imipramine (Tofranil, Tofranil-PM), an antidepressant that may work by reducing urine production, affecting the amount of time a child can hold urine in the bladder, or other ways.

Bedwetting medications may help in a social situation such as sleepovers but are usually a last resort, according to the American Academy of Pediatrics. They are not recommended for children younger than 5 years old.

Bedwetting Solutions: Success Stories

Jane's family had tried most of the do-it-yourself strategies with Billy before turning to the bed alarm because nothing else had worked.

Using the bed alarm takes commitment from parents and children, according to Bennett, who says he has worked as an unpaid consultant helping bed alarm companies with product design. And it takes different amounts of time to work, he says.

"Early on, even the alarm didn't wake him," Jane recalls. "We would have to go wake him up." Things got better. "It wakes them up quicker and quicker. It took us a couple months of the alarm going off, and then it worked well."

"It took probably six months until he was totally dry. And then he had a recurrence about a year later. We put on the alarm again and in a week he was OK."

But Susan, her husband Mark, and their son Mike (not their real names), who was then 6, had a much more dramatic experience using the bed alarm. Within a week of using the

alarm, he was dry. "He had a problem at least three or four times a week," Susan says. After the alarm worked, she says happily: "He went from a guy who wet the bed a few times a week to a guy who never had a problem."

Bedwetting Solutions: Getting to the Payoff

Encouragement is crucial as you work to help your child stay dry, Mendelson says. He encourages parents who wet the bed as children to tell their kids – and to tell them at what age they became dry. It "points out the hereditary nature of the problem" and helps children understand that eventually they will have control over the problem, he says.

Whatever method helps a child stay dry, most parents – and kids – are relieved when dry nights prevail. Eleanor, who used the reward system, considers dry nights a milestone that may even surpass other important ones such as learning to walk or starting preschool.

"This one wins," she says happily. "It is the biggest milestone we have hit so far."

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Sources ^

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