

BED WETTING (ENURESIS)

Bedwetting is a common problem for children. It tends to run in families and most often affects boys. It is present in about 15 to 20 percent of otherwise healthy 5-year-old children, 7 percent of healthy 7-year-olds, 5 percent of healthy 10-year-olds, 2 to 3 percent of 12 to 14-year-olds and 1 to 2 percent of normal children at age 15.



It's really important not to shame or blame your child. It's not his fault. His bladder just isn't ready and/or trained yet. Nor is it a problem with your parenting or potty training.

Think of the bladder as a balloon that needs to stretch out every time it fills with urine. If it doesn't get stretched regularly, it is much more difficult to stretch it out. When it can't stretch anymore (or thinks it can't stretch anymore), it 'unloads' its urine contents. The brain has a valve that it can control with the mind, as long as the person is paying attention.

Behavioral techniques are aimed at increasing the capacity of the bladder and training the brain that the flow of urine *can* be voluntarily stopped. The first technique is called bladder training. You need to *encourage* fluids during the day. Then have your child try to hold it longer and longer. Since that is kind of subjective, we try to make it more of a contest by having him fill up a bottle. Keep a bottle in the bathroom he usually uses. By putting a piece of tape on the bottle at the highest point he can fill he can see if he is filling the bottle further each week. Rewarding him in some way may also keep his interest in this 'game.'

The second method is simply telling him to practice stopping the stream of urine as he is voiding. A lot of kids think that once you start you can't stop, but that isn't true! This helps mature the pathway in the brain to keep the urine in. This is especially helpful for those who have daytime wetting.

You may have noticed that waking your child in the middle of the night usually doesn't solve the nighttime bedwetting problem. The reason is that the brain hasn't learned that the urge to urinate can be suppressed. Using an alarm system may help, but it is important not to use shaming methods, or this will seem like punishment. Allowing your child to change his own sheets can start a 'take charge' attitude, which will be helpful.

One buzzer alarm is called Wet-Stop. It's a wearable alarm about the size of matchbox, attached with a Velcro strip to the shoulder area of the child's undershirt or nightshirt. These are only successful when your child is otherwise ready. A moisture sensor is attached to the outside of the underwear. A couple drops of moisture will set off the alarm. Wet-Stop is available through Palco Laboratories for \$75.00 (plus shipping, handling, and tax)(year 2000). Write to Palco Laboratories, 8030 Soquel Ave., Santa Cruz, CA 95062, or call (800) 346-4488. Other choices:

Nytone Alarm 801 973-4090 \$53
Potty Pager 800 497-6573 \$50
Sleep Dry 800 346-7283 \$45 (2000)

Medications can be used but they are only helpful if your child is nearly ready to be dry. Ditropan, an anti-spasmodic drug, can be useful for daytime wetting. It can reduce the frequency of bladder contractions, delaying the urge to urinate. Tofranil (Imipramine) is used at night. It helps the brain pay better attention to the signals it is getting.

DDAVP is a natural hormone from the body that causes the body to make less urine. Too much urine production is rarely a cause of bedwetting. DDAVP comes in both nasal (inhaled) and pill form. If abused, it can cause severe electrolyte disturbances.

Finally, RELAX! It will go away in time. RNR 7-00

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