

# ALARM TREATMENT OF BEDWETTING

An information leaflet from the Swedish Enuresis Academy [www.svenskaenures.se](http://www.svenskaenures.se) July 2011

## **What is the enuresis alarm?**

The enuresis alarm is one of the best and most widely used therapies against bedwetting. It consists of a detector placed in the child's underpants or under the sheets and a device that gives off a strong sound signal whenever there is urine on the detector. In this way the sleep of the child is gradually changed so that he or she notices when the bladder is about to be emptied. The alarm treatment is completely harmless and will – *if it is used correctly* – cure most, but not all, bedwetting children.

## **To which children is the alarm suitable?**

The treatment can be given to bedwetting children who are at least 6-7 years old, who pee in their beds most nights and who are bothered by their bedwetting and motivated for treatment.

## **How is the alarm used?**

The family needs to know beforehand that alarm treatment means quite a lot of work during 1-3 months (but it is usually worth it!). If the child is to have a good chance of becoming dry there are a few simple rules that should not be forgotten:

Everybody needs to know that the alarm is not a punishment but a help for the child.

The parents need to be prepared to help the child to wake up when the alarm sounds. Most bedwetting children sleep very deeply and may not be able to wake up by themselves during the first weeks of treatment. This means that usually a parent needs to sleep in the child's bedroom during the first two weeks of the treatment.

At the sound of the alarm the child should go to the toilet and pee.

The treatment needs to be consistent and should *not* be interrupted temporarily during weekends etc.

The child needs encouragement and should be praised – not because of the dry nights but because he or she is brave and works hard with the treatment.

## **How long should the treatment last?**

Try at least six weeks. If by then there are positive effects (the child awakes more easily at the sound of the alarm, there are more and more dry nights and/or the wet spot in the bed is smaller) treatment should be continued until 14 consecutive dry nights have been achieved. In that case the child is probably cured. If there has been no positive effect after six weeks the treatment should be stopped. Your doctor/nurse will then have to think about some other treatment for your child.

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