

BEDWETTING (ENURESIS)

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How common is it?

Bedwetting, or enuresis, is very common. It afflicts 5-10% of children below the age of ten years, and a few per cent of older children and teenagers as well. It is equally common in all cultures and among all social groups. Boys are more often affected than girls.

What are the causes?

The old ideas about enuresis as a psychiatric disorder are false. Usually neither the parents nor the child him/herself is to blame. Modern research has shown that bedwetting has three major causes: 1) bedwetting children are difficult to arouse from sleep, 2) the kidneys of many bedwetting children produce too much urine during the night, and 3) the urinary bladder may be too "irritable" and contract too easily. Furthermore, enuresis is often inherited.

Is enuresis harmful?

The body is not harmed by bedwetting. But many bedwetting children suffer from low self-esteem, which may be socially handicapping.

Does one "grow out of it"?

Yes, the problem will usually go away by itself, but it may take many years. Thus, for a bedwetting child six years old or more, who is bothered by his/her predicament, active treatment should definitively be started.

How do we treat it?

GENERAL ADVICE

Many families have tried to solve the problem by not allowing the child to drink in the evening or by waking him/her up during the night. These strategies are usually not effective. The parents must explain for the child that the bedwetting is not his/her fault. It is of utmost importance that the child doesn't restrict social activities because of the bedwetting.

ACTIVE TREATMENT

There are two first-line treatment alternatives with proven effect: the enuresis alarm and the drug desmopressin. The alarm is a device that by sending off a sound signal when the child wets the bed gradually teaches him/her to recognize the body's own signals, while desmopressin reduces the amount of urine produced at night by the kidneys (see separate leaflets!). Approximately 75% of all bedwetting children become dry by these methods, the remainder should seek help from a paediatric clinic, where more advanced therapy can be offered. Almost every child with enuresis will become dry with correct treatment!

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