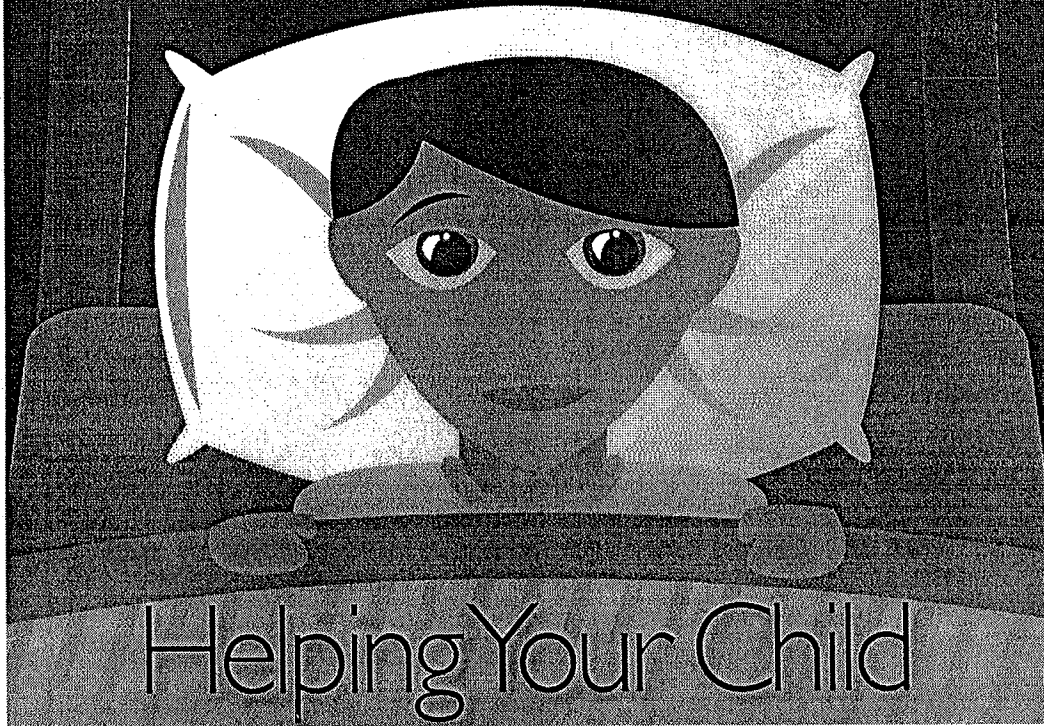


Waking Up Dry



Helping Your Child Overcome Bedwetting

Although bedwetting is rarely caused by a serious medical disorder and often resolves itself, for 5 million children in the United States over the age of 6, it's a condition that can create anxiety, embarrassment, and shame. These feelings are heightened when the child is invited to a sleepover — that familiar childhood rite of passage.

According to Dr. Howard Bennett, a clinical professor of pediatrics at George Washington University Medical Center and author of *Waking Up Dry: A Guide to Help Children Overcome Bedwetting*, the combination of several factors is the usual culprit that leads to bedwetting: an

increased production of urine during the night, a small bladder capacity, poor arousal from sleep, and constipation.

Dr. Bennett advises parents to keep two issues in mind. "First, bedwetting is common, and children should not be punished for it. Second, parents should always remember that bedwetting is a medical problem — it happens because a child's brain and bladder are not communicating with each other at night."

In addition, Dr. Bennett warns of another type of disconnect. "Bedwetting is a topic people often shy away from. Parents may be embarrassed to broach the subject with their pediatricians, and doctors typically assume that if a child is wetting the bed,

the parents will inquire about it. Parents need to be proactive and talk with their child's pediatrician."

What Parents Need to Know

Dr. Bennett offers the following answers to the most frequently asked questions about bedwetting.

1. Does bedwetting run in families?

Most children who wet the bed have at least one parent or close relative who had the same problem as a child. Approximately 45 percent of children wet the bed if one parent wet the bed as a child, and 75 percent wet the bed if both parents were bedwetters.

2. Is bedwetting more common in boys or girls?

Prior to age 13, boys wet the bed twice as often as girls. By the time adolescence rolls around, these numbers equal out. Interestingly, girls are more likely than boys to have other bladder symptoms, such as urgency, frequency, or daytime wetting.

3. Does bedwetting go away on its own?

Every year, 15 percent of children older than 5 who wet the bed become dry with no intervention. Although children usually follow the same pattern as their family members, this is not always the case. Because there is no way to predict when a child will overcome his wetting, I recommend that children start a bedwetting program if they're motivated to become dry.

4. How can I tell if my child is motivated to work on becoming dry at night?

There are four signs you can look for to see if your child is ready to work on becoming dry:

- He starts to notice that he's wet in the morning and doesn't like it.
- He tells you he doesn't want to wear Pull-Ups anymore.
- He tells you he wants to be dry at night.
- He doesn't want to go on sleepovers because he's wet at night.

5. Do you recommend restricting fluids in the evening to keep children dry?

Some people think restricting fluids after dinner helps children stay dry. Although this helps some children, it doesn't work for most — if a child limits fluids, he may wet the bed with four ounces of urine instead of six, but he's usually still wet. My approach to restricting fluids is practical. If a child tells me that limiting fluids helps him stay dry, I give it my "OK." Otherwise, I generally don't recommend this approach.

6. What is the best way to treat bedwetting?

The bedwetting alarm is the product that yields the best results. This device teaches the child's brain to pay attention to his bladder while sleeping. Bedwetting alarms have two basic parts: (1) a wetness sensor that detects urine and (2) an alarm unit that produces a loud sound when a child wets the bed.

Words of Encouragement for Children

Dr. Bennett recommends the following strategies to help ease your child's anxiety.

- Do not punish or shame children for being wet at night.
- Remind children that bedwetting is no one's fault.
- Let children know that lots of kids have the same problem.
- Let children know if anyone in the family wet the bed growing up.
- Maintain a low-key attitude after wetting episodes.
- Praise children for success in any of the following areas: waking up at night to urinate, having smaller wet spots or having a dry night.
- Encourage children to go on sleepovers.


Dr. Howard Bennett is a clinical professor of pediatrics at The George Washington University Medical Center and the author of *Waking Up Dry: A Guide to Help Children Overcome Bedwetting*. For more information and to download select chapters from his book, visit <http://www.wakingupdry.com/>.

7. How does the bedwetting alarm work?

The alarm's sensor has the ability to detect small amounts of moisture. When a child wets the bed, the urine in his underpants turns on the alarm. When the alarm goes off it awakens the child so he can go to the bathroom and finish urinating in the toilet. After weeks of hearing the alarm, the child's brain learns to pay attention to the full bladder signals and he wakes up before wetting the bed.

8. Are drugs an effective way to treat bedwetting?

The medication that is prescribed most frequently is called desmopressin (brand name: DDAVP). Desmopressin is a manufactured form of the hormone the brain produces to decrease urine production at night. The effects of desmopressin only last for a short period of time, and children usually relapse when medication is stopped. For this reason, doctors generally recommend this for sleepovers, vacations, or special occasions. *



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Parenting Corner Q&A: Bedwetting

How can I keep my child from wetting the bed?

Keep the following tips in mind when dealing with bedwetting:

- **Be honest with your child** about what is going on. Let your child know it's not his fault and that he will eventually be able to stay dry all night. Let your child know lots of kids go through this, but no one goes to school and talks about it.
- **Be sensitive to your child's feelings.** If you don't make a big issue out of bedwetting, chances are your child won't, either.
- **Protect the bed.** Until your child stays dry at night, put a plastic cover under the sheets. This protects the mattress from getting wet and smelling like urine.
- **Let your child help.** Encourage your child to help change the wet sheets and covers. This teaches responsibility. It can also keep your child from feeling embarrassed if the rest of the family knows he wet the bed. However, if your child sees this as punishment, it is not recommended.
- **Set a no-teasing rule in your family.** Do not let family members, especially siblings, tease your child. Let them know that it's not his fault.
- **Take steps before bedtime.** Have your child use the toilet and avoid drinking large amounts of fluid just before bedtime.
- **Try to wake him up to use the toilet** (1–2 hours after going to sleep) to help him stay dry through the night.

Reward him for dry nights, but do not punish him for wet ones.

Bedwetting alarms

If your child is still not able to stay dry during the night after using these steps for 1 to 3 months, your pediatrician may recommend using a bedwetting alarm. When a bedwetting alarm senses urine, it sets off an alarm so the child can wake up to use the toilet. When used correctly, it will detect wetness right away and sound the alarm. Be sure your child resets the alarm before going back to sleep.

Bedwetting alarms are successful 50% to 75% of the time. They tend to be most helpful for children who have some dry nights and some bladder control on their own. Ask your pediatrician which type of alarm would be best for your child.

Medicines

Different medicines are available to treat bedwetting. They rarely cure bedwetting, but may help your child, especially in social situations such as sleepovers. However, they are usually a last resort and are not recommended for children younger than 5 years. Also, some of these medicines have side effects. Your pediatrician can tell you more about these medicines and if they are right for your child.

Beware of "cures"

There are many treatment programs and devices that claim they can "cure" bedwetting. Be careful; many of these products make false claims and promises and may be very expensive. Your pediatrician is the best source for advice about bedwetting. Talk with your pediatrician before your child starts any treatment

program.

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Source: *Bedwetting* (Copyright © 2006 American Academy of Pediatrics, Updated 12/05)

Healthcare professionals may [order this publication](#) in multi-copy packs.

Parents can find more information on this topic in *Caring for Your Baby and Young Child: Birth to Age 5*. To order a copy of this book visit the [AAP Bookstore](#).

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Bedwetting Q & A

What causes bedwetting?

Doctors have theories, but they don't know exactly what causes primary nocturnal enuresis—better known as bedwetting. Here are some possible reasons:

- **It's passed down through families.** There's an 80% chance a child will wet the bed if both parents did.
- **The bladder is still growing.** Some kids' bladders (part of the body that holds urine) need more time to grow. So while asleep, their bladders can't hold all the urine being made and they may wet the bed.
- **Some kids don't make enough ADH.** Antidiuretic hormone (ADH) is a natural substance in the body that reduces how much urine is made at night. Doctors think some kids' bodies don't make enough ADH yet, so their bladders overflow and they wet the bed.

Doctors do know that children don't wet on purpose, and punishing may do more harm than good. Also, bedwetting is rarely caused by serious physical problems—bed wetters tend to be normal kids.

How serious is bedwetting?

More than 5 million kids over age 6 suffer from bedwetting. The problem usually goes away by age 5. But some suffer with the problem for years later. In fact, it may have long-term effects on self-image and self-confidence, such as:

- Feelings of shame and inferiority
- Avoiding overnight activities from embarrassment
- Behavioral problems as child gets older

In a recent survey, most parents of bed wetters say they worry most about the impact on self-esteem. If you feel the same, it's important to talk to your healthcare provider about what you can do to help your child.

How can DDAVP® Tablets help?

DDAVP® Tablets is the #1 used bedwetting medication in the United States.* Taken once-a-day at bedtime, it's been shown to safely help kids sleep drier until wet nights go away naturally.

DDAVP® is a man-made version of ADH (see "What causes bedwetting?"). It works to lower the amount of urine produced while children sleep. So until they outgrow bedwetting, DDAVP® Tablets may help kids sleep drier.

When taking DDAVP® Tablets it is important to restrict nighttime beverages to avoid overloading fluids, which can lead to significant health consequences. In controlled clinical trials, some patients taking DDAVP® Tablets experienced headache (4% DDAVP®, 3% sugar pill).

Talk to your doctor about bedwetting and DDAVP® Tablets.

- Complete the Doctor Discussion Guide on the next page now.
- Take advantage of free helpful information for you and your child. Join the Cactus Club™ today—see back page.

* Based on IMS Health NDTI data January '02–November '03



Please see additional important information enclosed.

Doctor Discussion Guide

Help your healthcare provider properly diagnose and treat your child's bedwetting. Complete the 3 steps below and share the answers during your visit.

Step 1: Bedwetting history*

1. How long has your child had the problem?
_____ years
2. At what age did the problem begin? _____
3. How many nights per week does bedwetting occur? _____
4. Has your child experienced "dry" periods?
 yes no
5. Is daytime urination a problem?
 yes no
6. Does your child wake up after wetting the bed?
 yes no
7. Do you discipline your child for bedwetting?
 yes no
8. Is your child ashamed of bedwetting?
 yes no
9. What makes the bedwetting worse?

10. What reduces the bedwetting problem?

11. Does stress seem to make the bedwetting worse?
 yes no
12. Does your child eat or drink caffeinated foods or beverages, like chocolate or cola, before bed?
 yes no
13. Are any of these symptoms present?
 Fever Abdominal pain
 Back pain Pain or burning when urinating
14. Did others in your family wet the bed?
 yes no
15. Does your child have bowel-control problems?
 yes no

* Step 1 questions adapted from the U.S. National Library of Medicine and the National Institutes of Health.

Step 2: What you have tried

What methods have you tried to prevent bedwetting?

- Rewards
- Training pants
- Alarm systems
- Periodic waking
- Restricting fluids
- Medication (please indicate)

 None

Step 3: Doctor discussion

If you can't talk about bedwetting today, schedule an appointment.

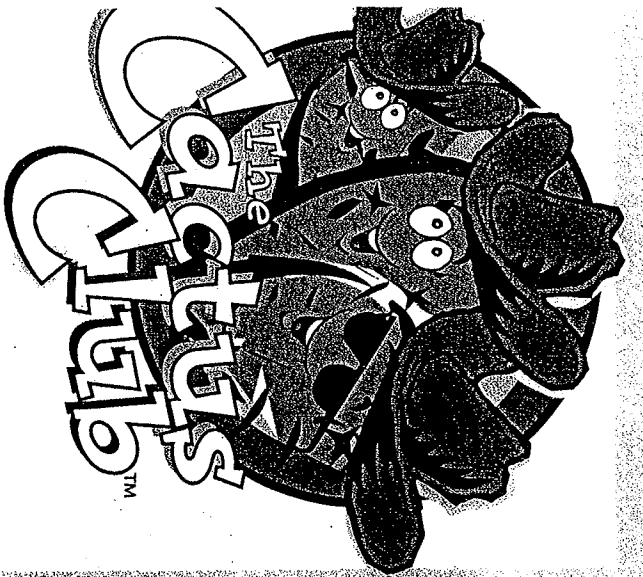
Appointment date _____ time _____

I'd like to discuss available treatment options, including DDAVP® Tablets (desmopressin acetate) 0.2 mg, to help my child sleep drier.

yes no

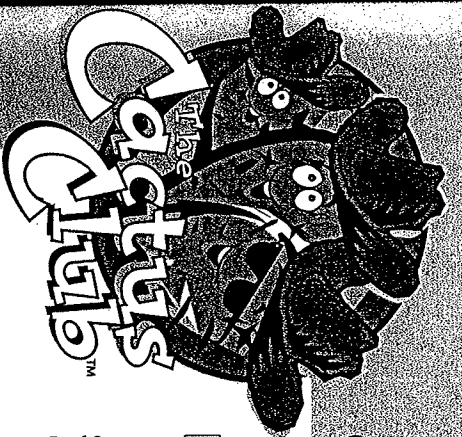
Other discussion points:

When taking DDAVP® Tablets it is important to restrict nighttime beverages to avoid overloading fluids, which can lead to significant health consequences. In controlled clinical trials, some patients taking DDAVP® Tablets experienced headache (4% DDAVP®, 3% sugar pill).



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helpful
information.
Join the
Cactus Club™
today!

Details inside.



Cactus Club™ Enrollment Form

Yes, I want to receive helpful information and advice.

Simply answer the following questions and return this card for your free Cactus Club™ membership.

Child's birthday: ____/____/____

Child's gender: Male Female

Have you talked to your doctor about bedwetting? Yes No

How are you treating your child's bedwetting? (Please check all that apply)

Medication Alarms Training Pants No Treatment

If medication, please specify:

I would like to receive my Cactus Club™ news and updates by:

Mail

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

OR

E-mail

E-mail address: _____

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Help families with
the shame, the frustration,
the psychosocial consequences
of nocturnal enuresis.



Increasingly, physicians and parents are no longer ignoring children with nocturnal enuresis after age six. The significant psychosocial consequences of untreated bedwetting – the shame, inferiority, and feelings of isolation – can be avoided. At times, the stress of untreated bedwetting can even escalate to verbal and physical abuse.

“He’ll grow out of it.” Most children *do* grow out of bedwetting, but some not as quickly as others.

- At age 6, about 13% have enuresis – and only 15% of them will have spontaneous resolution each year. *85% of those children will continue to have enuresis 1 year later.*
- By age 18, 1% will still have enuresis. *Age-appropriate activities have been sharply curtailed.*

Treating a 6-year-old who has nightly bedwetting is easier than a 13-year-old. By treating bedwetting *now*, the amount of time that it takes for a child to stop wetting independently can often be decreased by many years.

Long-term effectiveness of bedwetting solutions

<i>Supportive</i>	<i>% of children dry 1 year later</i>
Waiting	15%
Restricting fluids	15%
Waking the child	15%
Using alarm clocks	15%
Medications*	15%
<i>Curative</i>	
Bedwetting alarms	70-80%

*used 3-6 months

There is no need to wait when the success rate of using a bedwetting alarm approaches **80%**.

Enuresis alarms are the most effective treatment for bedwetting. They teach children a new, *permanent* response to a full bladder – something medicine simply can't do. Even the soundest sleepers can learn this new behavior.

Granted, use of an alarm does require time, patience and motivation by the parent *and* the child. *But there is help.*

The **Bedwetting Store** is a comprehensive catalog and online source for bedwetting alarms, waterproof bedding and pads, products for daytime wetting and information to assist children in achieving dryness – just right for your patients and families coping with the frustration of enuresis.

Please pass along the enclosed catalogs to your enuresis patients. We provide the fast, convenient service you need so your patients can begin the alarm therapy you prescribe. A pediatric nurse practitioner is always available to answer your patients' questions.



Use the Reply Card to order additional catalogs and we'll send you a complimentary copy of *Seven Steps to Nighttime Dryness: A Practical Guide for Parents of Children with Bedwetting* by Renee Mercer, CPNP.

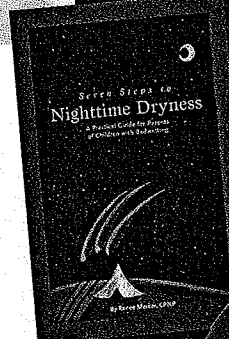
Renee Mercer, a certified pediatric nurse practitioner specializing in the treatment of children with bedwetting at Enuresis Associates, authored *Seven Steps to Nighttime Dryness: A Practical Guide for Parents of Children with Bedwetting*, published in January 2004. The book is packed with useful techniques, practical tips and answers to hundreds of commonly asked questions to help children stop wetting permanently.

No child wants to wake up in a wet bed.

The Bedwetting Store can help.

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