

TAKE AN INFORMATION QUIZ ON BEDWETTING

Q Do enuretic children usually wet more than once a night?

A Yes, many do. One study noted that most of the children wet an average of two times each night.

Q Does bedwetting often run in families?

A Yes. One study shows that in approximately 70% of families with an enuretic child, at least one other sibling also has had the problem. In 40% of those families, at least one of the parents had enuresis in childhood.

Q Does deep sleep causes bedwetting?

A No. While children are often in this state when wetness occurs, bedwetting can occur in any stage of sleep.

Q Have drugs been shown to work well?

A Somewhat. While they can be moderately effective at first(with approx. 25-40% of recipients), permanent cessation is hard to achieve. There are some cases where they are advised.-However, the relapse rate after leaving the drugs can be quite high. Consult your physician.

Q Can these drugs have side effects?

A Sometimes. Ask your doctor. Common side effects of tricyclic-antidepressants can include dry mouth, nervousness, and irritability. Parents also have to be extremely careful to give correct dosage.

Q Won't bedwetting children just outgrow the problem fairly quick?

A No. An extensive study has shown that only about 14% of these children will outgrow the problem each year.-That leaves a

lot of years of distress and hardship on everyone involved.

Q Do some children have smaller bladder capacity?

A Yes, but parents come to notice that bladder capacity enlarges as treatment becomes successful. It is important to have the child checked by your physician.

Q Can food sensitivities effect bedwetting?

A Yes. There is some evidence that lowering intake of citrus fruits, milk products, and carbonated beverages may improve enuresis. At StarChild we have also heard comments about a "sense of urgency to go" being associated with milk products. If milk is removed from the diet, calcium must be supplemented.

Q Should a child ever be punished for wetting?

A Absolutely not! Bedwetting is an involuntary difficulty. -This is not to say there should not be consequences for wetting.-For instance, it is good to encourage the child to help change any wet bedding; and establishes a cause-and-effect for their actions. But best results come through a motivational program that offers encouragement and rewards.

Q What kind of motivational programs work best?

A The best results have come through a motivational and behavioral program called Dry-Bed-Training. This is a clinically proven method that incorporates the use of a bedwetting alarm and several behavioral procedures.- The child is

taught to practice waking and using the toilet, retention control, repeating instructions, the offering of incentives, and cleanliness training(helping re-make the bed etc.) - The SleepDry program uses a simplified version of this that is easy to work with, and an alarm that signals wetness.

Q How does the alarm work?

A The SleepDry alarm is a super-small electronic device that snaps onto pajama tops near the shoulder. It uses small hearing-aid batteries that have no possibility of shock. It is attached to a wetness sensor that snaps onto the underwear. At the first few drops of moisture, the alarm will ring. As the child is aroused, they begin to recognize the natural neuro-bladder signals from the body. This allows both the parent and child to become aware of when wetting actually occurs, and helps to condition the child. The SleepDry unit snaps right-on and no sewing is required.

Q Will the alarm do all the work?

A No. SleepDry works best if the parent will get up with the child at first, and help them get used to the waking-up process. No-one likes to be woken up at night, and as the alarm starts to work, the gentle help of the parent can really help the child progress quite fast. Just a few moments of assistance at first can pay-off in countless hours of saved washing and frustration. And the child gets a great boost to their happiness and self-image.

References:

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Maizels M.,Rosenbaum D.: Successful Treatment of Nocturnal Enuresis: A Practical Approach. Primary Care, Vol.12, no.4, December 1985