

StarChild/Labs. • Enuresis Update

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FROM THE MAKERS OF THE SLEEPDRY[™] ALARM

Deep Sleeping Kids And Bedwetting

I've been teaching parents behavioral methods for treating bedwetting since 1974, and I've led a class almost every month for the last fifteen years. At the beginning of each session, I ask parents what they think causes the bedwetting.

Every month, the answer is the same — "It's because they're such deep sleepers." That makes a great deal of sense, but there hasn't much research to support the belief.

In university sleep-laboratory studies, careful investigations have shown that the general sleep pattern of enuretic children doesn't differ from the sleep of non-wetters in any regular way. In fact, one researcher even found that it was easier to wake up enuretic children than normals while they were being tested in the sleep lab.

Whatever the research may show, parents certainly believe that bedwetters are harder to arouse. A recent Swedish study found that 60% of the parent's of enuretic children said their children were deep sleepers, as compared with only 3.6 percent of the parents of normal control subjects.

And then this study went one step further. They actually asked the parents of both groups of children to wake them up at 5 AM and collect a urine sample. They had them rate how difficult it was to arouse the sleeping child. In this study, the parents of enuretic children were much more likely to say that it was very difficult to wake their child!

I have long believed that the common belief that bedwetters are deeper sleepers than other children is a myth. Within a few minutes of falling asleep, all children quickly enter the deepest sleep of the night, a period lasting about one and a half to two hours. Any child aroused during this period will be disoriented, groggy, and clearly upset at being dragged from sleep. This is the time when the parents of many bedwetters try to get their children up for a bathroom trip. I have believed that the experience with very sleepy children during this period of the night has led to the "deeper sleeper" myth.

***Any child aroused
(from REM sleep)
will be ... groggy..***

But maybe I need to change my thinking. This most recent research is tantalizing, because it involved children in their home environment. The findings also match the report of my patients, that their bedwetters are indeed "impossible" to wake at night. I'm not fully convinced, but I'm rethinking my position. [This is a little more of what we see too...pretty deep sleepers!-editors]
What's more, parents often tell me that with enuresis alarm treatment, it becomes much easier to wake their children. This suggests that one of the ways the enuresis alarm works is by helping children learn how to wake themselves out of deep sleep, so they can get to the bathroom.



**A Good Bedwetting Program
Must Give Parents Good Hints
On How To Arouse Kids When
Their Wetness Alarm Goes-Off**

Finally, there is one group of bedwetters who clearly inherit a sleep disorder which is very striking. Called parasomnias, these are a group of behaviors that almost always happen only in the first three hours of sleep. My own unpublished research has shown a relationship between bedwetting and parasomnias, with a small but statistically significant correlation.

Parasomnias are marked by an abnormally intense arousal of the nervous system as the child moves from deep sleep into light sleep. Some children sweat heavily at that point, soaking their pillows, while others may talk in their sleep or even stand up, cry out and walk around the room while remaining totally asleep. Children with this kind of intense arousal often wet the bed as they move out of deep sleep. All three

CONT. FROM "DEEP SLEEPERS"

conditions — sleepwalking, talking in the sleep and some cases of bedwetting — may be caused by a similar sleep pattern.

Certainly, the alarm is consistently more effective than any medication currently available. It may well be that it works, at least in part, by changing the sleep patterns of enuretic children. My patients certainly say it does — and new research is beginning to suggest that they may be right!

By C. Carstens Ph.D
Noted Authority on Enuresis



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