

TIME TO BE DRY

When your child wets the bed on a regular basis it can become problematic for parents and children alike.

Bedwetting, also known as nocturnal enuresis, is a very common childhood condition. One in ten children aged six to eight still wet the bed. This will often impact a child's self-esteem and can influence their social participation. A child's risk of developing enuresis is 3.5 times higher for children of mothers who had the condition, and 10 times higher in children of fathers who had the condition. It is a condition more common in boys.

Parents are often frustrated by their child's bedwetting, and are often left wondering what to do and when to act. The last thing a parent needs is to lose sleep and wake up feeling exhausted after having to deal with wetting during the night. Having this issue can result in conflict, and in children feeling embarrassed and ashamed, particularly as they get older. It can influence a child's ability to participate in normal childhood activities such as sleepovers and camps. The bedwetting is not the child's fault and punitive measures shouldn't be used in the management of bedwetting.

The following strategies can be tried prior to seeking professional treatment:

How to talk to your child about bedwetting:

- Talk to your child openly about bedwetting. Explain that the problem is not their fault, but rather their body is having difficulty sending a signal from the bladder to the brain to let your child know that they need to go to the toilet during the night.
- Explain to your child the role of genetics in bedwetting. If parents or other family members were bedwetters explain this to your child so they understand that it 'runs in families'. Also, if a parent had this

condition, have that parent talk about his/her experience.

- Explain to your child that it is very likely that in their class there will be at least one other child that wets the bed so that your child does not feel that they are alone.

Other strategies:

- Encourage adequate fluid intake throughout the day (1 – 1.4 L for four to eight year old's). Plain milk can also contribute towards daily fluid intake.
- Avoid fizzy or caffeine based drinks in the evening.
- Encourage children to use the toilet regularly throughout the day.
- Use bed protection and commence a trial without nappies or pull ups. Consider trying one week without a nappy every couple of months.
- Reward and reinforce behaviors that children have control over that support long-term dryness (i.e., adequate water intake, regular toileting etc.)
- Discuss and remedy any barriers to using the toilet during the night (i.e. keep night lights on, encourage your child to call out to you if they need support with getting up to use the toilet during the night).

What doesn't help

- Punishing or chastising your child for bedwetting, something which they cannot control.
- Waking or lifting children may be a practical short term solution, but does not promote long term dryness.
- It's important not to restrict fluid intake at bedtime

If these strategies do not help, discuss your child's bedwetting with a General Practitioner or Paediatrician. In rare cases children's bedwetting may be associated with a medical condition. Your GP or paediatrician will usually

start by conducting an assessment to exclude medical issues underlying the bedwetting. Medication can be prescribed but bedwetting alarms are regarded as the first line response, as medication is not considered a long-term solution.

The first-line response to bedwetting, when other medical issues have been ruled out, is use of a bedwetting alarm. Bedwetting alarms are safe, effective and not associated with negative side effects.

Bedwetting alarms are generally the most effective way to treat bedwetting. The Royal Children's Hospital reports "...that alarms will help more than 80% of children become dry, and most will stay dry" (Royal Children's Hospital website).

There are various over-the-counter alarms available for purchase at pharmacies and online. The alarm you choose needs to be reliable and robust enough to last the duration of treatment (usually a minimum of 6 weeks).

You may seek treatment through a practitioner. Your practitioner will supply a professional level alarm, and provide you and your child the help and support needed to achieve dryness. This approach can be considered an evidence-based treatment.

You may wish to consider seeking treatment:

- When your child is around 6 years of age. They will likely have the maturity and understanding to be able to participate meaningfully in treatment.
- When your child is motivated to get dry (often due to upcoming sleep overs or camps).
- If you feel your child's self-esteem is impacted.
- If bedwetting is worrying you or your child.
- If the family is impacted negatively by managing the bedwetting.

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