

Use of enuresis alarm

- When placed inside the pajama bottoms, the device is triggered by urine contacting the sensor. The child is then wakened up to complete voiding in the toilet
- A type of behavior training by nature, the purpose is to develop operant conditioning so that the child gets up to void when the bladder is full
- The method requires cooperation of both the child and the family members
- It may take a few months to have effects and the result varies from person to person

Bladder training

- Parents can follow doctor's advice to set a timetable for the child to drink and void, letting the child drink and void according to the schedule, in order to train the bladder to pass urine only when it has reached a certain degree of distension

Medications

- Desmopressin is the most widely used medication that decreases the volume of urine produced during night time
- Usually well tolerated and severe side effects are rare, but it is still advised to avoid fluid intake one hour before and 8 hours after taking the medication to prevent hyponatremia (low blood sodium level)
- The condition may relapse upon discontinuation of medications
- Should be taken only according to the doctor's advice



Psychological counselling

- Psychological counselling is required when the child's self-confidence, self-esteem, school performance or interpersonal relationship is affected

Conclusion

Parents should seek medical advice as soon as possible for both primary and secondary nocturnal enuresis in order to have a proper diagnosis and treatment so that their child can grow up healthily, both physically and



Nocturnal Enuresis (Bed-wetting)

Student Health Service Department of Health

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Nocturnal enuresis (Bed-wetting) is common in young children. A child suffers from nocturnal enuresis if he/she, at or above the age of 5, has urinary continence in the daytime but involuntarily passes urine during sleep at night. According to reports of overseas studies, 15-20% of children have some degree of bed-wetting at 5 years of age, with a spontaneous resolution of approximately 15% a year. Therefore, at 15 years of age, only 1-2% of teenagers will still wet the bed. Statistics show boys are more commonly affected than girls.

Type of nocturnal enuresis

There are two types of nocturnal enuresis, primary and secondary

- Primary - The child has never attained dryness at night
- Secondary - The child has attained continence for at least 6 months before but begins to have episodes of incontinence again

Causes

For primary nocturnal enuresis, a definite cause cannot be found in the majority of cases. The following are possible causes which are generally beyond the control of the child:

Hereditary	If both parents had the condition, their child has around 75% chance of having the condition. The chance is 40-50% if only one parent had the condition
Bladder problems	A small functional bladder capacity may result in an inability to store a large volume of urine while an overactive bladder may lead to frequency, urgency, nocturia and nocturnal enuresis.
Inadequate antidiuretic hormone secretion at night	This results in the production of large volume of urine and subsequent bed-wetting
Delayed development	In some children, the mechanism for voluntary bladder control is immature and achievement of bladder control is delayed
Individual factors	Children in deep sleep may not sense fullness of the bladder and therefore do not get up to void

Secondary nocturnal enuresis can be caused by conditions such as constipation, sleep apnea, urinary tract infection, diabetes and impaired kidney function. It may also be related to family problems, emotional or psychological disturbances

Effects of nocturnal enuresis on children

- Majority of children recover spontaneously
- Sometimes affect the psychological development of children
- Affected child may feel ashamed, have a low self-esteem or lack self-confidence, and hence school performance, social life and behaviour may be affected
- Existing diseases that cause secondary enuresis can affect the health of the child if not managed promptly



How to tackle the problem

Change of habits

- Have fluid intake mainly in the daytime. Have soup in the afternoon or before dinner and limit intake to one glass of water after dinner
- Avoid caffeine-containing drinks that can irritate the bladder, such as tea, coffee, chocolate, or fizzy drinks
- Finish the whole glass of water in one go and not in small volumes to avoid stimulating the bladder repeatedly
- Empty the bladder before going to bed
- Refrain from using diapers

Behaviour training

- Parents should understand that nocturnal enuresis is not due to the child's laziness, nor a deliberate act to cause trouble
- Parents should not blame the child for bed-wetting but praise the child for a dry night to strengthen the child's self-confidence
- Put stickers on a chart or calendar as a form of encouragement for drynights and as a record of the condition

