UNDERSTANDING YOUR DIAGNOSIS

# Bedwetting

Also called Enuresis

Your child is not doing this on purpose and cannot stop it by trying harder. This is body timing, and it does get better.

| HOW COMMON | OFTEN STARTS | TREATABLE | YOU ARE NOT ALONE |
|---|---|---|---|
| 5 to 10 in 100 at age 5 | Usually never dry at night | Yes - most children get dry | Millions of US families |

## What this is

- Your child is not doing this on purpose. It happens deep in sleep, with no choice involved and usually no memory of it.
- Trying harder cannot work, because there is nothing to try. The bladder empties before the sleeping brain gets any warning.
- Punishing, shaming, or taking away privileges makes bedwetting last longer and makes treatment much harder to finish.
- The diagnosis starts at age 5 because before that it is simply normal. Plenty of children just need more time.

## What it can look and feel like

- Your child wets the bed most nights, sleeps straight through it, and is extremely hard to wake up afterwards.
- Mornings mean wet sheets and pajamas, and often a child who already looks ashamed before you have said a word.
- Your child has never been dry at night for long, or was dry for months and has now started wetting again.
- Rushing to the toilet in the daytime, holding on until the last second, or damp underwear point to a different problem.
- Sleepovers, camp, and school trips get avoided, because missing out feels safer than being found out.
- Your child snores, breathes through the mouth at night, or seems to stop breathing for moments during sleep.
- Bowel movements are hard, very large, or skipped for days. This is a common and very fixable cause of wet nights.

## What is happening in your brain and body

- Three things line up: the body makes too much urine overnight, the bladder holds less, and the brain does not wake up.
- At night most bodies release a hormone that slows urine down. In many of these children that rise is too small.
- This is not lazy sleeping. The signal from a full bladder is simply not loud enough to break through deep sleep.
- Constipation matters a lot. A full bowel presses on the bladder, leaving less room, so it fills and empties sooner.
- Snoring and blocked breathing at night can cause wetting, and treating that alone sometimes clears it completely.

## What can make it more likely

- It runs in families. About 3 in 4 children who wet the bed have a parent or a sibling who did exactly the same.
- The nerves and hormones that handle night-time bladder control simply mature later in some children. That is all it is.
- Wetting that starts after months of dry nights can follow a house move, a new baby, an illness, or bullying at school.
- ADHD, constipation, and sleep problems all make bedwetting more likely to keep going, so ask about all three.

## What to expect

- Even with no treatment, roughly **15 out of 100** children stop each year, so this ends on its own for most families.
- With a bedwetting alarm, about two thirds of children get dry, but it takes **8 to 16 weeks** of sticking with it.
- Wetting can come back after a dry spell. That is not failure, and restarting the same treatment usually works again.
- Treat constipation or heavy snoring first, because a real share of children stop wetting once one of those is sorted.

## What helps

Treatment works. Most people get better.

### Talking therapies

- The **bedwetting alarm** is the first choice. It sounds at the first drop and trains the brain to wake to a full bladder.
- Alarms need a committed adult for a couple of months. You will be getting up too, at least for the first few weeks.
- Reward the routine, never the dry night. Your child controls the bedtime toilet trip, not what happens at 2 a.m.
- Set regular toilet trips every 2 to 3 hours in the day, with feet on a stool so the bladder can empty all the way.
- Explaining the physical cause to your child lifts shame fast, and children who feel less ashamed stay with treatment.

### Medicines

- **Desmopressin** replaces the night-time hormone and cuts urine production. It works fast and suits camps and sleepovers.
- With desmopressin, drinks are limited from an hour before the dose until 8 hours after, to keep body salts safe.
- It controls wetting rather than curing it, so wetting often returns when it stops. Expect that, and do not read it as failure.
- Bladder-relaxing medicines help some daytime wetting. Older medicines such as imipramine are rare now and need heart checks.
- Doses are always set by your child's prescriber, and should never be changed at home without talking to them first.

### Everyday things that help

- Keep a 3-day diary of drinks, toilet trips, wet nights, and bowel movements. It often points at the cause immediately.
- Treat constipation properly with your doctor, and keep going until stools are soft and daily. This alone can end the wetting.
- Spread drinks across the day, with more in the morning and afternoon, and ease off in the evening instead of cutting them.
- Use a waterproof mattress cover, layered bedding, and a night light. Keep cleanup quick and boring, never a big event.
- Absorbent pants for camp or a sleepover are a bridge, not giving up. Missing out costs your child far more than pull-ups do.

## Get help right away if

- Fever, burning when peeing, back pain, or blood in the urine needs a doctor the same day.
- Sudden thirst, weight loss, or huge amounts of urine can mean diabetes. Get your child checked right away.
- If your child talks about self-harm or feels hopeless about this, call or text **988** for help.

## Questions to ask your care team

- *Could constipation or snoring be causing this, and how do we check?*
- *Is an alarm or a medicine the better fit for our family right now?*
- *How long should we try this before we change the plan?*
- *What can I say to my child so this stops feeling like their fault?*

# Where this information comes from

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**NOTE**

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.