

Patient information from BMJ

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Bedwetting

Lots of children wet the bed. Most grow out of it without any problems. But if your child is upset about wetting the bed, or if you're worried about your child, there are things you can do to help.

We've brought together the best and most up-to-date research about bedwetting to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for your child.

When is bedwetting a problem?

It's common for young children to wet the bed. It's often a normal part of growing up. In fact it's so common that doctors don't recommend any treatment in children under the age of 7 years old. The medical name for bedwetting (for people of any age) is 'nocturnal enuresis'.

If your child starts wetting the bed when you take them out of nappies, just try again a few months later. Lots of children still need nappies at night when they start school.

Bedwetting isn't serious. But it can make children feel embarrassed or upset, especially if they're older or they get teased about it.

It's important to make sure that children aren't teased, blamed, or embarrassed at home if they wet the bed. It's also vital to encourage and praise them when they make progress.

What treatments work?

Most children stop wetting the bed in their own time. About 15 in 100 children who wet the bed will stop each year without any treatment. This means that nearly all children will eventually stop by themselves. But there are treatments that can help some children stop sooner.

Routines and good habits

The first thing to try, and that helps for many people, involves getting your child into good toilet habits. This means in the daytime as well as at night.

- So, as well as reminding your child to go to the toilet every night before bed, you should make sure that they feel comfortable about going to the toilet regularly when they need

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to during the day. This means reminding and encouraging them, but without pressuring them

- Try not to let your child drink too much just before bed. Make sure they have enough to drink a little earlier in the evening so that they're not thirsty at bedtime.
- Do what you can to make sure your child isn't scared to get up at night if they need to. Leaving a light on might help.
- Avoid giving your child drinks that contain caffeine, such as some fizzy soft drinks, tea, and chocolate drinks.

This kind of support and good habits should help your child learn that they can control their bladder.

If you think you need more help you might be able to try a more formal routine, called 'bladder training', with the help of a specialist called a urotherapist.

Other conditions that might cause bedwetting

Some children have other problems or medical conditions that can lead to bedwetting. For example, some children wet the bed because they have constipation. Dealing with constipation reduces bedwetting in more than half of children.

Your child may be more likely to wet the bed if they have a condition that affects their breathing. Your doctor should refer you to a specialist who should be able to help with your child's breathing.

Bedwetting alarms

Bedwetting alarms (also called enuresis alarms) are devices that make a sound when your child begins to wet the bed. The idea is that the child then wakes when the alarm goes off, and then they can go to the toilet to finish urinating.

If treatment is successful, after a while the child either sleeps through the night without wetting, or wakes in time to go to the toilet.

Research has found that these alarms are probably the treatment most likely to help children become dry at night. More than half of children are dry after using an alarm for about three months.

It's important to remember that, although these alarms work well, success takes time. It could be several weeks or months before you see an improvement.

If your child is a very heavy sleeper, and might sleep through the alarm, they will need a parent to wake them and take them to the toilet. For this treatment to work well it's important to get them up every time the alarm sounds.

Medicines

Medicines are usually only suggested as treatments for bedwetting in children over 7 years old, and only if other treatments haven't worked. Your doctor might suggest that you use medication and an alarm together.

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A medicine called **desmopressin** is the one used most often. It works by making urine more concentrated, so the bladder doesn't make as much of it.

Desmopressin can work well, but it doesn't work for all children. Also, because it doesn't help children to learn about how to control their bladders, most children start wetting the bed again once they stop taking it. Some families find it useful for sleepovers or holidays, but bedwetting alarms work better in the long run.

Desmopressin can cause side effects in some children, including headaches, rash, sore throat, or disturbed sight. Don't give your child desmopressin if they're vomiting or have diarrhoea. And make sure they don't drink too much while they're taking it. Very rarely, desmopressin can lead to a seizure (fit) or a coma, caused by too much fluid in the body.

If desmopressin doesn't work for your child it's possible that they have an overactive bladder. Your doctor might want to do more tests. There are medicines that can help children with an overactive bladder.

Doctors used to sometimes prescribe a medicine called **imipramine** for children whose symptoms didn't improve with desmopressin. But it is rarely used now, because in most children newer drugs seem to work better and with fewer side effects. If your doctor suggests imipramine for your child they should explain why.

What will happen to my child?

Most children stop wetting the bed eventually, even without any treatment. Very rarely, some children don't grow out of it at all, and continue to have problems with bedwetting even as adults. This happens to about 1 in 200 people.

If you have an older child who was dry at night and who then starts to wet the bed, it's a good idea to see your doctor. They may want to check your child for bladder problems or for another illness.

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