

# ENURESIS

## An Overview

Compiled by

Campbell M Gold

(2004)

CMG Archives

<http://campbellmgold.com>

--()--

### IMPORTANT

The health information contained herein is not meant as a substitute for advice from your physician, or other health professional. The following material is intended for general interest only; and it should not be used to diagnose, treat, or cure any condition whatever. If you are concerned about any health issue, symptom, or other indication, you should consult your regular physician, or other health professional. Consequently, the Author cannot accept responsibility for any individual who misuses the information contained in this material. Thus, the reader is solely responsible for all of the health information contained herein. However, every effort is made to ensure that the information in this material is accurate; but, the Author is not liable for any errors in content or presentation which may appear herein.

--()--

#### Definition:

Enuresis, or bedwetting - a lack of ability to control the need to urinate, especially in bed at night.

#### What Causes Enuresis (bedwetting)?

Many causes of bedwetting have been proposed by researchers over the years, with no one single-cause supported by research. Instead, bedwetting (primary nocturnal enuresis) is usually resulting from several factors that result in a child wetting their bed. Understanding what medical factors are at work will help the individual to decide upon an appropriate approach to treatment and credible resources for assistance.

#### Key Causes of Enuresis

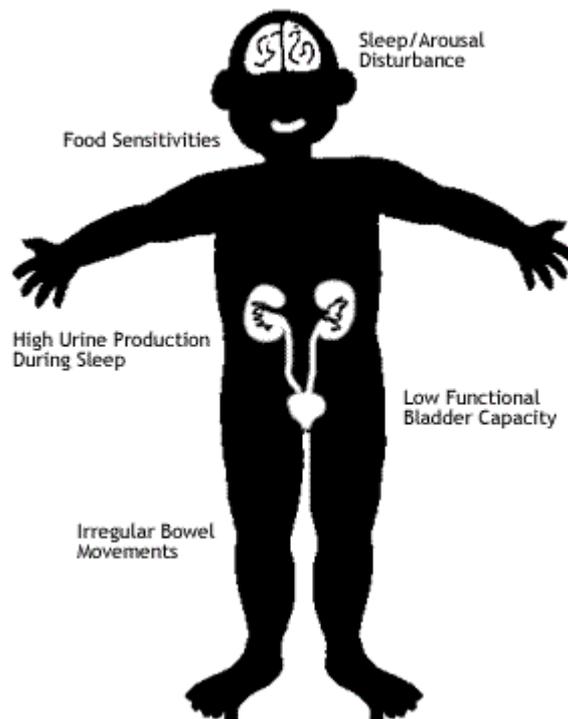
- **Sleep or Arousal Disorder** - Many children who bed-wet are described as deep sleepers, or are children who are not easily roused from sleep, by their parents. Sleep studies to document a specific disturbance in sleep patterns or sleep arousal have been controversial. Wetting appears to occur at all stages of the sleep cycle. Although the specific mechanism requires additional research, it is generally accepted that children are not easily roused from sleep and are often disoriented when awakened.
- **Food Sensitivities** - A small percentage of children are sensitive to foods that contribute to nocturnal enuresis. A number of children benefit from eliminating foods such as citrus, caffeine, and others.
- **High Urine Production** - In most people the release of a hormone at night called vasopressin reduces the amount of urine produced. Some children with nocturnal enuresis release less vasopressin at night (i.e. no decrease in urine volume). These

children produce more urine than their peers, and they are more prone to bedwetting - especially when other factors are also present.

- **Low Functional Bladder Capacity** - Another common factor in children with bedwetting is a small functional bladder capacity. These children have less forewarning of the need to urinate and they feel more urgency. Some of these children may also exhibit daytime symptoms. When a child's functional bladder capacity is low they are less able to hold a normal amount of urine at night.
- **Irregular Bowel Movements** - Some children with bedwetting are affected with bowel problems such as irregular or infrequent bowel movements or constipation. When the rectum is full, the bladder's expansion may be restricted or result in decreased sensitivity to bladder fullness.

Other causes of bedwetting, although uncommon, include anatomic abnormalities, endocrine disorders, and urinary tract infections.

### Key Causes of Enuresis



### Psychosocial Issues - No Child Wants To Wake Up In A Wet Bed!

Therapists and parents should not 'ignore' children with nocturnal enuresis after they have reached 6 years of age. **DO NOT** accept that 'He'll grow out of it' as an acceptable solution. There can be significant psychosocial consequences when therapists and parents do not treat older children with enuresis. Parents do have treatment solutions that can eliminate years of wetting for the majority of children with nocturnal enuresis.

**Do Not Punish the Child.** Unfortunately, findings suggest that 20-36% of parents have punished their children for bedwetting. Punishment can take the form of withdrawal of privileges, increased expectation of household chores (cleaning and laundry), and can even escalate to verbal and physical abuse. Since these children have no control over their wetting, punishment is completely inappropriate.

The way in which parents approach the child with enuresis can be a source of conflict between parents - especially since there is no one cause and treatment. The parent who was

enuretic themselves may share some experiences but may choose not to relive the humiliation they felt. Often this was not previously discussed with their spouse. The extra workload of changing bedding and getting the child up during the night may cause even the best parents to become frustrated with their child.

### **Children with Enuresis Often Have Lower Self-esteem and a Less Positive Self-Image.**

Children with enuresis often go to great lengths to hide their wetting from other family members and their friends. Parents report finding wet sheets and clothing while their child denies that they wet. Avoiding sleepovers or making excuses to be picked up early are common. As the child reaches late-primary and secondary school, overnight school trips, etc are avoided. Since developing independence is a normal developmental task at this age, enuresis can impact this. Shame, inferiority, and feelings of isolation are common. Often the child feels they are the only one with this problem.

**Treatment is Beneficial.** Research does indicate that these feelings dissipate once the enuresis is cured. Children who have received treatment for nocturnal enuresis have improved scores in social behaviour and self-image. Frequent follow-up with emotional support and encouragement are important components of successful treatment for children with enuresis.

### **The Genetic Link - Many Parents of Bedwetters Were Bedwetters Themselves**

It has been well documented that there is a greater incidence of primary nocturnal enuresis (bedwetting) in children whose parents were enuretic when compared to families with no parental history. In fact, heredity as a causative factor of primary nocturnal enuresis has been confirmed by the identification of a gene marker. Studies suggest the existence of a dominant gene located on chromosome 13 and another gene on chromosome 12. In most studies, the father was more often affected than the mother, which is consistent with the fact that nocturnal enuresis is more common in boys than girls.

### **When to Treat?**

*"Reassurance alone is a disservice. Families with an enuretic child deserve information and treatment."* (Dr Barton Schmitt)

When should you seek treatment for your child? The decision should be made with involvement by the child and family. A knowledgeable family who understands the actual causes, psychosocial issues and treatment choices can make an informed decision. Once you understand the issues relating to your child's wetting, you can decide if your family is ready to make the necessary changes to achieve dryness.

It is normally time to seek help if:

- Your child is over six and continues to experience day or night wetting
- Your family is motivated (you are frustrated with the daily chores)
- Your therapist or practitioner has recommended treatment or an alarm
- You have tried other programs without success

(Picture right - Enuresis alarm (an alarm beep sounds when the sensor becomes wet))

Enuresis therapists can assist in determining a suitable treatment approach for the child. After evaluation of a diet and stool history, urine production measurements, physical examination, and a full urine test, a treatment plan can be formulated. The child and the parents should all be involved with the implementation of the recommended plan.



End

--()--

<http://campbellmgold.com>

27082010/1