Bedwetting

Bedwetting , also known as nocturnal enuresis is a very common childhood problem. It affects approximately 20% of 5 year olds and 10% of children aged 7 years.

For many years there was an assumption that children would 'grow out' of the problem, but we now know that for many children that will not happen until late childhood or early teens. Without treatment it can sometimes last into adulthood

There are two main reasons why children wet the bed:

1. Because they make too much urine (wee) at night
2. They have a problem with the bladder storing (holding on to) the urine all night

We also know that all children who wet the bed have a problem with waking up during the night when their bladders are full and they need to go to the toilet.

The other factors that could cause bedwetting include constipation, drinking too much before they go to bed, not drinking enough during the day, or a urinary tract infection. Very rarely children wet the bed because of an different underlying medical cause.

As a result it is important that any child with bedwetting is seen for assessment and treatment options discussed. This should happen when the wetting becomes worrying to the child and/or their parents and carers, although services are not usually offered to children with bedwetting until they are at least five years old.

The main treatment options are medication (desmopressin) which help to reduce the amount of urine produced at night, or an enuresis alarm which wakes the child as they are wetting the bed. Both treatment options have a success rate of around 50-70%.   The choice of treatment is based on the outcome of the assessment which should give some indication of the underlying cause of the bedwetting.

Before starting any treatment it is important to exclude any underlying constipation, and treat it if present. If necessary, fluid intake should also be adjusted before treatment starts.

Further information regarding treatment options is available on our resources page.

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