

Bedwetting can be treated

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to start a conversation
with your doctor



www.treatbedwetting.com.au

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A number of children will outgrow bedwetting but for others this condition might persist into adulthood. Unfortunately this condition may interfere with social activities, relationships and performance at school. In addition, their self-esteem may also suffer. Bedwetting may be caused by several factors and it is encouraging to know that this condition can be managed in several ways. Don't give up and don't delay – start a conversation with your doctor today.

This brochure contains useful information about bedwetting that can help you talk to your doctor to determine the best treatment for your child or teenager.

How common is bedwetting?

It might reassure you to know that around 19% of school-aged children wet the bed – it's really one of the most common of all childhood problems. To give you an idea, in a class of 30 children:

Aged 5 years	5 wet the bed at least twice a week
Aged 7 years	2 wet the bed at least twice a week
Aged 12 years	1 wets the bed at least twice a week
Aged 15 years	1 child in every two classes wets the bed at least twice a week



Won't they just grow out of it?

Each year about 15% of children do grow out of wetting the bed. But bedwetting often doesn't resolve by itself – for some children, the problem continues into adulthood. In fact, as children get older, growing out of bedwetting becomes more difficult.



Why treat bedwetting?

When a child is very young, bedwetting may not seem like a concern, but as they get older, persistent bedwetting can be a distressing experience both for your child and your family.

By leaving it untreated, your child or teenager can suffer an increased risk of:

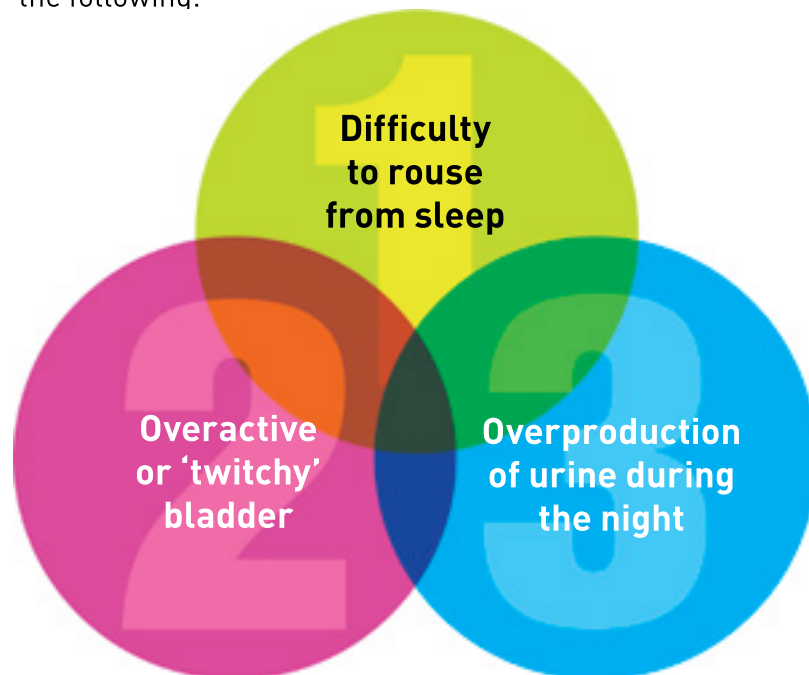
- Low self esteem
- Strong feelings of shame and failure
- Finding it hard to make friends
- Underachieving at school
- Becoming withdrawn.

Clinical research has shown that bedwetting can have a significant negative impact on a child's emotional and social development.

So if your child is 6 years or older, still wets the bed and is unhappy and uncomfortable about it, you should consider talking to your doctor about treatment.

What causes bedwetting?

Bedwetting can be caused by one or a combination of the following:



1. Difficulty to rouse from sleep

Some children and teenagers who wet the bed find it hard to wake up when their bladder is full. The brain and the bladder don't communicate properly, so when the child is asleep the brain doesn't get the message that the full bladder needs to be emptied.

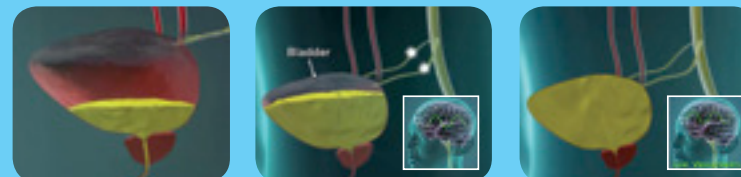
2. Overactive or 'twitchy' bladder

If the bladder is overactive, the bladder muscle becomes twitchy and can only hold small amounts of urine. A twitchy bladder therefore may spontaneously contract during sleep, which can result in wetting.

3. Overproduction of urine during the night

Children and teenagers who wet the bed may have a low level of a naturally occurring substance called vasopressin. The brain normally produces vasopressin during the night to reduce the amount of urine produced and allow an uninterrupted night's sleep. If the child has low levels of vasopressin at night, they may produce more urine than their bladder can hold and, if they do not wake up, they wet the bed.

Go to www.treatbedwetting.com.au to watch these 3 animations on the causes of bedwetting.



How can I help my child or teenager?

Bedwetting is caused by a number of factors beyond your child's control. So it's very important to be patient and supportive and not to punish or scold your child, even though you may feel angry or tired.

It's easy for your child to feel helpless or become discouraged while they're trying to become dry, so be as reassuring and understanding as you can.

If your child still wets the bed after the age of 6 and is unhappy and uncomfortable about it, you should discuss it with your doctor.

Treatment options can be found over the page. ►

Your doctor is there to help

To determine the right treatment for your child, your doctor may want to know things such as:

- the child's diet and drinking habits
- the child's toilet habits
- whether the child is constipated
- whether there's a medical condition that might be causing the bedwetting
- how much urine the child passes

Fill in the checklist over the page and take it along to discuss with your GP on your next visit. ►

Visit www.treatbedwetting.com.au to:

- View the animations on the causes of bedwetting
- Hear other people's experiences living with bedwetting
- Order your own copy of the complete video
- Download My Dryness Tracker App for iOS/Android.



What treatments are available?

Generally, there are two main types of treatment for bedwetting: the use of alarms or medication.

Bedwetting Alarms

Alarm therapy is a conditioning treatment that aims to teach a child to recognise and respond to a full bladder during sleep, by training them to wake up whenever wetting begins and go to the toilet to finish urinating.

- **There are two types of alarm:**

Pad and Bell Alarm: the pad goes on the bed and is connected to an alarm or bell that rings when the pad gets wet.

Body-worn Alarm: this clips onto the child's underpants.

Bedwetting alarms can be bought or hired from pharmacies, continence clinics or over the internet. Ask your doctor for more information.

Medications

Sometimes the alarm system is not effective, so medication may be the best treatment for children who continue to wet the bed.

- **Desmopressin**

This medication works in the same way as vasopressin. For children who wet the bed as a result of low levels of vasopressin during the night, desmopressin boosts their body's natural vasopressin, which reduces the amount of urine produced during the night. Desmopressin is available by prescription as melts (placed under the tongue) or tablets. Talk to your doctor if you'd like to know more.

- **Oxybutynin**

Oxybutynin may be appropriate if the child has an overactive or 'twitchy' bladder and works by relaxing the bladder muscle to stop it from contracting. Oxybutynin is a prescription medication available as tablets. Talk to your doctor to find out more.

- **Tricyclic antidepressants**

Tricyclic antidepressants are also approved for the treatment of bedwetting. However, they're much less commonly recommended these days because of their potential side effects.

Other treatments

Alarms and medication are treatments that have been widely studied for many years, which is why they're known to be both effective and well tolerated by children.

Other less common treatments are available, such as hypnosis, acupuncture, psychotherapy, reward systems and fluid restriction. It's unclear whether they're effective in managing bedwetting, so they're not included here.

Nappies

Nappies, pull-ups or disposable pants are not a treatment – they don't address the causes of bedwetting. Their main role is to try and keep the bed dry by absorbing night-time urine and to reduce the amount of washing that needs to be done. For older children in particular, nappies can be a source of extreme embarrassment.



Common myths about bedwetting

Myth: Bedwetting is a psychological condition

Fact: Bedwetting predominantly occurs as a result of a medical condition – it's rarely caused by psychological problems.

Myth: Children will eventually grow out of bedwetting – it's only a matter of time

Fact: While it's true that each year, about 15% of children aged 5-10 years stop wetting the bed, bedwetting does not always resolve by itself. As children grow older, their chance to grow out of bedwetting becomes lower and their bedwetting also tends to become more serious.

Myth: There's nothing that can be done about bedwetting

Fact: Bedwetting is a very treatable condition. If your child is over 6 years old, still wets the bed but wants to be dry, ask your doctor's advice.

For further information on Bladder and Bowel Health, contact National Continence Helpline, managed by the Continence Foundation of Australia, on **Freecall 1800 330 066**
www.continence.org.au



Bedwetting Checklist

This checklist is designed to help assess your child's condition. Take a few moments to go through the list and tick the boxes that relate to your child, then take the checklist to your doctor.

- ☐ Wetting occurs more than 4–6 times per month and isn't improving
- ☐ Family history of bedwetting (parents, uncles, aunts, siblings or grandparents)
- ☐ Parent and/or child is motivated to become dry
- ☐ Wetting occurs only at night
- ☐ Wetting occurs during the day as well as at night
- ☐ Wetting occurs soon after falling asleep
- ☐ Consistently large wet patches or heavy pull ups which overflow (leak)
- ☐ Deep sleeper – difficulty rousing from sleep
- ☐ Waking up during the night to go to the toilet
- ☐ Urgency to urinate
- ☐ History of urinary tract infections (including infections in the kidneys and/or bladder)
- ☐ Constipation issues (past or present)
- ☐ Wetting is interfering with social and/or school activities
- ☐ Wetting issue is impacting on family life

For a free DVD copy of “Understanding Bedwetting. The causes & treatment options” visit www.treatbedwetting.com.au



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