Patient information from the BMJ Group

Bedwetting

In this section

Bedwetting

Many children wet the bed. Most start staying dry at night without any treatment. But you might be upset and distressed about your child wetting the bed, especially as your child gets older. Many parents keep it a secret. But there are lots of treatments you can try to help your child stay dry at night.

We've brought together the best research about bedwetting and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for your child.

What is bedwetting?

Bedwetting is when your child passes urine at night while asleep.

Most children stop wetting the bed eventually without any treatment.

Bedwetting in children is common. [1]

There are two types of bedwetting.

- When your child has never been dry at night. This is the most common type.
- When your child starts wetting the bed after being dry for a time. This kind of bedwetting isn't so common. It might happen if your child is stressed or fearful. This may be because of bullying at school or problems at home. But often no one knows why it happens.

Most children stop wetting the bed when they reach about five years of age. However, doctors tend only to refer children for treatment for bedwetting when they reach seven years of age. [2]

Most children wet the bed only at night and stay dry during the day. There isn't usually a serious medical reason. But some children have a problem or illness that makes them wet the bed. This might be an infection or an abnormality in their urinary tract (the part of the body that carries the urine from the kidneys through the bladder and out of the body). Or they might have diabetes.

Doctors don't know why many children wet the bed at night. Bedwetting is probably linked to many things, such as: [3]

- The genes passed down to a child from their parents (many children who wet the bed have a relative who did so too)
- Stressful things happening when your child is very young
- Your child's bladder being only able to hold a small amount of urine
- Your child not having enough of a hormone called antidiuretic hormone (you make more urine if you don't have enough of this hormone)
- Your child not recognising when their bladder is full.

Why does my child wet the bed?

Some things can increase the chances of your child wetting the bed. [4]

- Feeling stressed. Your child might be feeling stressed due to bullying or other problems at home or at school.
- Being constipated. If your child is constipated, the stools (faeces) in their rectum may press on their bladder so that your child needs to urinate more.
- Having drinks and foods that contain caffeine. These include cola, chocolate, tea, and coffee. Caffeine causes you to make more urine.

What are the symptoms of bedwetting?

Most children who wet the bed at night don't have any other symptoms. But as children get older, bedwetting may make them distressed and anxious.

About 9 in 10 children who wet the bed only do so at night. [5] If your child is also wetting themselves during the day, there's probably a more serious medical reason for their bedwetting.

If your child is older and wets the bed, they may:

- Feel anxious and embarrassed about joining in certain activities, such as sleepovers [6]
- Get bullied or teased by their brothers and sisters
- Feel bad about themselves.

The work and stress of caring for a child who wets the bed can also make parents anxious.

You can take your child to your doctor if they are bedwetting. Your doctor will:

- Ask you some questions about your child's symptoms and habits, such as how much fluid they drink and when, when they go to the toilet, and whether they wet themselves during the day
- Probably examine your child
- Order a urine test to find out if there is another cause for your child's symptoms.

Sometimes your child may have more tests to check for rare bladder problems. Your child might have an ultrasound scan of their kidneys and urinary tract (the part of the body that carries the urine from the kidneys through the bladder and out of the body). But this is only done if your child is wetting themselves during the day or they haven't got better after trying different treatments.

How common is bedwetting?

Bedwetting is very common, especially in young children.

Up to 1 in 5 children aged 5 still wear nappies at night. [7] But fewer children wet their bed as they get older. Here's how many children wet the bed at different ages. [7]

Age of child (years)	Number of children who wet the bed
5	15 to 20 in 100
7	7 in 100

10	5 in 100
12 to 14	2 to 3 in 100
15 and over	1 to 2 in 100

What treatments work for bedwetting?

Most children who wet the bed eventually become dry at night without any treatment. But there are several treatments that can help your child stop wetting the bed sooner.

Key messages about treatments for bedwetting

- Doctors think it's best to wait until your child is 7 years old before starting treatment for bedwetting. Younger children may not understand enough for some treatments to work.
- Trying some simple things at home may help.
- You can try a reward system, such as a star chart, to encourage your child to want to become dry.
- You can use an alarm that goes off as soon as your child starts wetting the bed. This helps most children become dry after a few months.
- A medicine called desmopressin works more quickly than an alarm, but children often start wetting the bed again when the treatment is stopped. Doctors usually prescribe this medicine when other methods haven't worked and a child is still wetting the bed.

  The National Institute for Health and Care Excellence (NICE), which advises the government on health care, has published some guidance about how children should be treated for bedwetting. You can find out more at their website (http://guidance.nice.org.uk/CG111). [2]

We've looked closely at the research and put the treatments into categories, according to how well they work.

Treatment Group 1

Treatments for bedwetting

Treatments that work

- Bedwetting alarm
- Desmopressin
- Dry bed training with a bedwetting alarm

Treatments that work, but whose harms may outweigh benefits

- Imipramine

Treatments that need further study

- Anticholinergic drugs
- Dry bed training
- Alternative or complementary therapies
- Alarm clock

What will happen to my child?

Most children stop wetting the bed eventually without any treatment. But there are treatments that can help your child stay dry at night sooner.

It's hard to know for sure what will happen to your child. Many children suddenly become dry at night. Others still wet the bed after trying lots of treatments. But we do know: [8]

- About 1 in 7 children who wet the bed become dry each year without treatment
- About 1 in 100 children will continue to wet the bed even when they're grown up.

Adults who wet the bed may have low self-esteem and problems with their work, their social life, and their relationships.

Treatments:

Bedwetting alarm

In this section

About two-thirds of children become dry after using an alarm to wake them when they wet the bed at night. But using a bedwetting alarm is a lot of work. And you'll probably need to keep using the alarm every night for several months.

You may be able to borrow an alarm from your surgery. Or you can buy one on the internet. There are lots of different types of alarms. Some are a pad that your child sleeps on. Or you can get mini-alarms that you put inside your child's pants. If your child urinates, a bell, buzzer, light, or a vibration goes off to wake them. Your doctor might be able to advise you about which alarm is best for your child. One brand name is Malem.

We found one summary of the research (called a systematic review) that looked at how well bedwetting alarms work. [9]

- Children who use a bedwetting alarm have fewer wet nights. About two-thirds of children stopped wetting the bed for 14 nights in a row after using the alarm for three to five months.
- About half of the children who use an alarm stay dry when they stop using the alarm.
- Alarms take longer to reduce bedwetting than taking the drug desmopressin . But children who use an alarm are more likely to stay dry after treatment stops.
- Alarms work better than treatment with the drug imipramine .

There are no serious side effects with using bedwetting alarms. [9] But there's a chance that it won't wake up your child, or it may go off when it's not supposed to. Some children are frightened by an alarm. Also, other people in the family may be disturbed. Some people stop using alarms because they feel they take too much time and effort.

Desmopressin

In this section

A drug called desmopressin can help children have fewer wet nights. It works in a similar way to a natural hormone in your child's body. It makes their urine more concentrated, so they don't make as much of it.

Desmopressin comes as tablets and as a pill that dissolves under your child's tongue. It works quickly, but your child will probably start wetting the bed again once they stop taking it. It may be useful for sleepovers or holidays, but bedwetting alarms may work better in the long run. [10] [11]

Desmopressin isn't used for children under 5 years. [10] And it's not usually recommended for children under 7 years.

Some brand names for desmopressin are:

- DDAVP
- Desmomelt
- Desmotabs.

Your doctor will prescribe desmopressin for your child to take at bedtime for up to three months. If a lower dose doesn't work, your child's doctor may suggest trying a higher dose. [10] [11]

One summary of the research (called a systematic review) found that children who take desmopressin at bedtime wet the bed less at night and are more likely to become dry.

[11] But four small studies showed that some children start wetting the bed again when they stop taking the medicine.

It's not clear which works better, desmopressin or a bedwetting alarm. One summary of the research said desmopressin works faster, but children are more likely to stay dry for several months if they use a bedwetting alarm. [12] Another study said there wasn't much difference between the success rates of the two treatments. [13]

Your child may take desmopressin and use a bedwetting alarm at the same time. But studies have found that using the two treatments together works no better than using an alarm on its own. And children taking desmopressin are more likely to start wetting the bed again when treatment stops. [11] [14] [15]

Because desmopressin makes your child's urine more concentrated, it can affect the balance of water and salt in their body. [10] So, only give your child a drink when they're thirsty. If your child is going to do a lot of exercise, or if the weather is hot and likely to make them thirsty, they shouldn't take desmopressin. [16] And if your child is going swimming, they need to be careful not to swallow too much water.

You shouldn't give your child desmopressin if they are vomiting or they have diarrhoea. [10]

Desmopressin is less likely to cause side effects than other medicines used to treat bedwetting. However, about 1 in 20 children who take desmopressin get side effects. These include: [11] [17]

- A headache
- A rash
- Stomach ache
- A cough
- A sore throat
- Disturbed sight.

Very rarely, taking desmopressin can lead to a seizure or a coma, caused by too much fluid in the body. [18]

Desmopressin is also available as a nasal spray. But you shouldn't use the nasal spray for your child if they are bedwetting. This is because seizures are more likely when using the nasal spray than with taking desmopressin tablets. [19]

Dry bed training with a bedwetting alarm

In this section

If you do dry bed training at the same time as using a bedwetting alarm , your child may be more likely to stay dry once the treatment stops. But it's not clear whether this works better than using a bedwetting alarm alone. Guidelines for doctors from the National Institute for Health and Care Excellence (NICE) say dry bed training should not be used. [2]

You usually do dry bed training over seven days. It means you wake up your child at night to go to the toilet. [9]

- On the first night you wake your child every hour after they go to bed until 1 a.m.
- For the next five nights you wake your child three hours after they fall asleep.
- By the seventh night your child should wake up on their own.
- You need to repeat this whole programme if your child wets the bed three nights in a row
- It may take three to four months for your child to become dry.

One summary of the research (called a systematic review) shows that 9 in 10 children who have this treatment stay dry for 14 nights in a row afterwards, compared to less than 1 in 10 children who had no treatment. [6]

The research shows that over-learning can help your child stay dry. For this you give your child extra drinks at bedtime for a while, once using the alarm has helped them stop bedwetting. The extra drinks put more pressure on your child's bladder , so they have to make more effort to stay dry.

You may need help from a trained health worker to do dry bed training properly. And dry bed training probably won't work unless you use the bedwetting alarm at the same time.

We don't know if using dry bed training can harm your child. The studies don't tell us. But if you use a bedwetting alarm there's a chance that it won't wake up your child or it may go off when it's not supposed to. Some children are frightened by an alarm. Also, other people in your family may be disturbed. Some people stop using alarms because they feel they take too much time and effort.

It is not clear from the research whether dry bed training with an alarm works any better than using an alarm alone. A summary of the research showed that there was not a big difference between the two treatments. [9]

Imipramine

In this section

Your child is less likely to wet the bed while taking a drug called imipramine. But side effects are common with this treatment.

Bedwetting alarms probably work better in the long run.

Imipramine is a type of drug called a tricyclic antidepressant, which is usually used to treat depression. It is only prescribed for bedwetting if desmopressin hasn't worked. Your child will need to take imipramine at bedtime for up to three months. Doctors sometimes prescribe a different tricyclic drug for bedwetting, known as nortriptyline.

One summary of the research (called a systematic review) found that children who took imipramine stayed dry about one night a week more. [20] About 1 in 5 children became dry while having the treatment. But most children started wetting the bed again when they stopped taking the medicine.

Imipramine has more side effects than other medicines used to treat bedwetting, such as desmopressin.

The research shows that up to one-third of children taking imipramine have side effects. [17] These include: [20]

- Feeling anxious
- Not feeling hungry
- Being constipated
- Feeling depressed
- Having diarrhoea
- Having a dry mouth
- Feeling sleepy
- Getting headaches
- Having an upset stomach.

Anticholinergic drugs

In this section

There hasn't been enough research to say if these drugs help children who wet the bed. But they might work if your child has an overactive bladder and wets themselves in the daytime.

Two types of anticholinergic drugs are used for bedwetting with overactive bladder in the UK: oxybutynin (brand names Cystrin, Ditropan, and Lyrinel) and tolterodine (brand name Detrusitol).

One study suggests that oxybutynin might help when taken alongside desmopressin, if desmopressin alone hasn't worked. [21] And another study suggests that tolterodine can help in addition to desmopressin, if desmopressin along hasn't worked. [21] There's not enough evidence to say whether these drugs can help when taken on their own. [22] [23]

One summary of the research (called a systematic review) found that oxybutynin taken alongside imipramine is better than taking imipramine alone, but there's not enough evidence to be certain. [23]

Your doctor may prescribe these drugs for your child for up to three months.

Your child may feel dizzy and sick when they take these drugs. They may also get a dry mouth, headaches, fast heartbeat, and disturbed sight. [23]

Dry bed training

In this section

There hasn't been enough research to show how well dry bed training works on its own. Guidelines from the National Institute for Health and Care Excellence (NICE) do not recommend dry bed training. [2]

You usually do dry bed training over seven days. It means you wake up your child at night to go to the toilet. [9]

- On the first night, you wake your child every hour after they go to bed until 1 a.m.
- For the next five nights, you wake your child three hours after they fall asleep.
- By the seventh night, your child should wake up on their own.
- You need to repeat this whole programme if your child wets the bed three nights in a row
- It may take three to four months for your child to become dry.

You may need help from a trained health worker to do dry bed training properly. We don't know if using dry bed training can harm your child.

Two small studies looked at children who had dry bed training on its own compared with having no training. The children had the training for up to six months. But they were no more likely to be dry than if they had no treatment. [24] But these studies may have been too small to be reliable.

Children who used a bedwetting alarm were less likely to start wetting the bed again after treatment, compared to children who had dry bed training without an alarm. [25]

Alternative or complementary therapies

In this section

Some people try complementary treatments, such as acupuncture, to stop their child's bedwetting. There isn't enough evidence to know whether this approach helps or not.

Acupuncture is a traditional Chinese treatment. It's a type of complementary or alternative medicine. If you have acupuncture, a trained acupuncturist puts sterile needles into your skin.

We found one small study that looked at laser acupuncture for bedwetting. This uses powerful beams of light instead of needles.

The study found that about two-thirds of the children who had laser acupuncture became dry after treatment. [26] The acupuncture worked as well as taking a drug called desmopressin . However, the study only looked at 40 children.

Another study looked at ordinary acupuncture using needles. Half the children who had acupuncture were dry for at least 14 nights after the treatment. [27] However, the study was done in a way that makes the results unreliable.

We don't know if there are any side effects with acupuncture or laser acupuncture. The studies didn't mention any. [26] [27]

One summary of the research (called a systematic review) looked at other complementary therapies used for bedwetting. [28] These therapies include herbal medicine, hypnosis , psychotherapy , acupuncture, and treatment by a chiropractor . But the studies weren't good enough to rely on the results, so we don't know if these treatments can help your child become dry at night.

Alarm clock

In this section

You can try setting an alarm clock to wake your child just before they usually wet the bed. But there hasn't been enough research to show if this can reduce bedwetting.

One study of 125 children found that more children stopped wetting the bed if they used an alarm clock. [29] The alarm clock was set to wake the child each night for three months. But many children started wetting the bed again once they stopped using the clock.

Further informations:

Glossary:

infection
You get an infection when bacteria, a fungus, or a virus get into a part of your body where it shouldn't be. For example, an infection in your nose and airways causes the common cold. An infection in your skin can cause rashes such as athlete's foot. The organisms that cause infections are so tiny that you can't see them without a microscope.

kidney
Your kidneys are organs that filter your blood to make urine. You have two kidneys, on either side of your body. They are underneath your ribcage, near your back.

bladder
Your bladder is the hollow organ at the top of your pelvis that stores urine. It is similar to a balloon, only with stronger walls. It fills up with urine until you go to the toilet.

diabetes
Diabetes is a condition that causes too much sugar (glucose) to circulate in the blood. It happens when the body stops making a hormone called insulin (type 1 diabetes) or when insulin stops working (type 2 diabetes).

genes
Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

hormones
Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

constipated
When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

rectum
The rectum is the last 15 to 20 centimetres (six to eight inches) of the large intestine, ending with the anus (where you empty your bowels from).

ultrasound
Ultrasound is a tool doctors use to create images of the inside of your body. An ultrasound machine sends out high-frequency sound waves, which are directed at an area of your body. The waves reflect off parts of your body to create a picture. Ultrasound is often used to see a developing baby inside a woman's womb.

systematic reviews
A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

diarrhoea
Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

seizure
A seizure (or fit) is when there is too much electrical activity in your brain, which results in muscle twitching and other symptoms.

depression
Depression is a mental illness in which your mood is low and you feel sad most of the time. It can range from a mild illness through to a severe one in which you lose interest in life and may be suicidal.

hypnosis

Hypnosis is a relaxed state of mind people can be put into through a technique called hypnotism. Hypnosis may make you more suggestible, which means you are more easily persuaded to do something the hypnotist suggests. Hypnosis can be used by trained therapists to try and help improve people's health: for example, by helping them stop smoking.

psychotherapy
Psychotherapy is a talking treatment. It is given by trained therapists (such as a psychiatrists, psychologists or social workers). Psychotherapy usually consists of regular sessions (often weekly) between the therapist and the patient. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

chiropractor
A chiropractor is a type of therapist who manipulates your joints and spine with his or her hands. This aims to encourage healing by realigning the bones of the joint or spine and relieving pressure on your nerves.

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