

Pointers For Parents

Bedwetting: Shedding Light On A Common, Yet Misunderstood Condition

(NAPSA)—Contrary to what many parents might think, bedwetting is an involuntary act for which children have no control. According to leading experts in the field, bedwetting has long been misunderstood, often causing children with this condition to be stigmatized and to receive inadequate, untimely health care frequently due to the shame and guilt felt by both children and parents.

“It is not uncommon for enuretic children to lose self-esteem and seek to avoid typical childhood activities such as summer camps, sleepovers and family/friend visits in an effort to conceal their bedwetting from friends and family,” said Debra Slade, President, National Bladder Foundation. “Children don’t wet the bed on purpose and, therefore, it’s critical for parents to seek early therapeutic intervention and to foster a supportive, empathetic environment to help allay the child’s anxieties.”

Bedwetting, or primary nocturnal enuresis (PNE), is defined as the involuntary discharge of urine at an age in which bladder control should ordinarily have been achieved. A highly under-diagnosed medical condition, it is estimated that five to seven million children six years of age or older suffer from bedwetting in the United States alone. According to leading experts in the field, one third of parents resort to punitive actions in response to persistent bedwetting. Such actions exacer-



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bate what is already a distressing problem, further weakening the child’s self-confidence and perpetuating feelings of guilt on behalf of the parent and the child.

While some children will outgrow this condition each year, experts explain that if a child wets the bed beyond the age of five or six, there is an 85 percent chance he will wet the bed a year later. If untreated, bedwetting can have far-reaching social implications for the child, including effects on social and emotional development, quality of life, self-esteem and parental-child relations.

Studies indicate that children successfully treated for enuresis demonstrate an increase in self-esteem and perceived control. In

particular, treatment with desmopressin, a synthetic form of the naturally occurring antidiuretic hormone (ADH) called vasopressin, has been shown to speed up the cessation of bedwetting, thereby helping to restore the child’s confidence. An insufficient nighttime level of ADH is a factor thought to play a role in bedwetting; desmopressin works by reducing the amount of urine produced at night.

The exact cause of bedwetting is not known; however, physicians agree that this disorder results from a combination of factors including: inadequate ADH production, small nocturnal bladder capacity, maturational delay and hereditary influence. Other treatment options for bedwetting include moisture-activated alarms and motivational therapies.

Parents should consult with their child’s pediatrician to select the most appropriate treatment options and evaluate both short-term and long-term strategies. Long-term treatment strategies can be safely used to bridge older children to an age in which they achieve dryness on their own.

For more information about bedwetting or treatment recommendations visit www.drynights.com or for a free brochure, send a self-addressed, stamped, business-size envelope to *It’s Not Your Child’s Fault*, the National Bladder Foundation, Dept. B, P.O. Box 1095, Ridgefield, CT 06877.