

What Parents Need To Know About Bedwetting

(NAPSA)—How much do you know about bedwetting, an emotionally debilitating problem that affects three to seven million American children? Taking this quick true or false quiz may help you separate myths from facts.

True or False:

1. You don't have to do anything about bedwetting. All children outgrow it.
2. Bedwetting is an indication of an emotional problem, an expression of anger or guilt.
3. Children who wet the bed have a small bladder or weak sphincter muscle.
4. Bedwetting is caused by a bladder infection.
5. Bedwetting is a parasomnia disorder.

Answers:

1. **False.** Many teenagers and adults fail to outgrow bedwetting. Even when they do outgrow it, emotional problems may have occurred. Bedwetting can contribute to low self-esteem. Over 15 percent of all cases handled by a successful correction process are adults.
2. **False.** Children cannot control bedwetting even if they really want to.
3. **False.** Both these theories enjoyed popularity for a few years but both were proven to have no merit.
4. **False.** While some bedwetters may have a urinary tract infection, most don't.
5. **True.** Research indicates that bedwetting is a symptom of deep abnormal sleep, a sleep disorder. Even those people who "outgrow" the bedwetting may experience other problems. A company such as Pacific International has had a success rate of 96.7 percent with patients who follow their individualized pro-



The latest research offers new clues on how to deal with the emotionally debilitating problem of bedwetting.

gram to overcome incorrect sleep. They use a drug-free education and behavior modification program to alter the bedwetter's sleeping patterns and therefore eliminate the bedwetting. Once a child starts on the program, they stay with that child until s/he is declared dry (usually 30 consecutive dry nights). They also follow up for two years in the event of a relapse.

Although a spontaneous cure rate of 10-12 percent per year can be expected, early intervention may benefit some children who achieve dryness and enhance their self-esteem. Alarm systems have shown some results, but relapse rates are high. This is also true of some medications. Neither of these interventions deals with the problem of deep abnormal sleep.

Alexander Golbin, MD, of the Sleep & Behavior Medicine Institute at Rush North Shore Medical Center in Chicago, did a before and after sleep study that shows positive changes in sleep patterns when the correction process is performed properly. For more information, call 1-800-648-3379.