

What is enuresis?

Enuresis is emptying the bladder (urinary incontinence) during sleep. Many people are aware that enuresis, or bedwetting, is a common issue in childhood. However, it can continue from childhood into adulthood, or start at any point in adulthood, including in people who did not have bedwetting as children.

It can happen whenever the affected person goes to sleep, including at night or during daytime naps, or may just happen occasionally.

If there have never been six months of dry nights every night, urinary incontinence during sleep is known as primary enuresis. Primary enuresis is thought to affect 1 – 2% of all adults. Wetting that has started after at least six months of dry nights is called secondary enuresis. Secondary enuresis is more likely to be a symptom of another underlying health condition.

Enuresis is more common in women with other bladder problems, in older adults and in some others, including people with Down syndrome.

What is the difference between enuresis (wetting the bed) and nocturia?

Enuresis will only happen if the affected person is unable to wake to the bladder signalling that it needs to empty. If the person is able to wake up, they would get up and go to the toilet. Waking to go to the toilet is called nocturia. It is usually not considered to be a medical problem, unless it is happening two or more times a night.

Enuresis and nocturia can both cause embarrassment, frustration, disturbed sleep and relationship issues. There is information about nocturia in the [Bladder & Bowel UK leaflet here](#).

Enuresis (bedwetting) in adults

What causes enuresis in adults?

Most people do not need to pass urine more than once a night and can wake if they need to do this. Not being able to wake up in response to the bladder signals causes enuresis. However, there are a number of reasons why someone may need to pass urine at night.

These include:

- The kidneys not being able to reduce the amount of urine they produce at night in the way that they usually would. Arginine vasopressin is a hormone that tells the kidneys to make less urine. The body should produce more arginine vasopressin at night. If someone is not making enough arginine vasopressin, urine production at night will be closer to daytime levels.
- If the bladder is not storing urine as well as it should be. This may be because the bladder is smaller than it should be, or because the muscles in the bladder wall are less stretchy than usual or are tightening when they should be relaxed. Extra tightening of the bladder wall muscles is called bladder overactivity. Many people with this problem will need the toilet more frequently in the day than usual, may get very little or no notice of needing to pass urine and may get some daytime urinary incontinence (bladder leakage).
- Urinary tract infection can cause wetting due to an increased need to pass urine or due to scarring if there have been repeat infections.
- Enuresis can be a symptom of type I and type II diabetes (both types of sugar diabetes) as well as a rare condition called diabetes insipidus. Diabetes insipidus is an inability to reduce urine production.
- Enuresis can be caused by an obstruction somewhere in the urinary tract (the bladder or the urethra – the tube that urine flows down when going to the toilet). Blockages can be caused by stones in the bladder or urethra, or an enlarged prostate in men.
- Constipation. This can be severe enough to partially block the urethra. Also, when there is constipation the full lower bowel can put pressure on the bladder and result in it being able to hold less than usual, which can result in enuresis.

Enuresis (bedwetting) in adults

- Fizzy drinks and caffeine (tea, coffee, cola, many energy drinks and hot chocolate contain caffeine) may irritate the bladder and cause urinary problems.
- Alcohol has a diuretic effect (it encourages the kidneys to make more urine) and affects sleep, so may make it more difficult for the person to wake to bladder signals.
- Some medications including some used for mental health conditions, diuretics (medications that increase urine production) and medications to improve sleep, are linked with enuresis. If you think that enuresis is being caused by a medication that you are taking speak to your healthcare professional before stopping the medication.
- Sleep apnoea (stopping breathing while asleep) and snoring have also been linked to enuresis.
- Some neurological disorders or damage to the nerves controlling the bladder muscles may result in enuresis.
- Smoking, being overweight, not taking much physical activity and high blood pressure are associated with enuresis in women.

Psychological problems including anxiety, depression, feeling tired all the time have been linked to enuresis. However, it is not clear if they happen because of the enuresis or make the enuresis worse.

For many adults with enuresis there may be more than one issue that is causing or contributing to the bedwetting.

Should I speak to my healthcare professional about enuresis? What will they do?

Enuresis should be investigated to make sure that a significant underlying health problem is not being missed. Your GP or other healthcare professional will ask you questions about any other bladder problems, any medications you are taking, and what other illnesses you have or have had in the past and whether you have had any surgery or injuries.

Enuresis (bedwetting) in adults

They will check a urine specimen to make sure you do not have a urine infection or type I or II diabetes (sugar diabetes) and may ask you to complete a bladder diary. The bladder diary is usually a three day record of your drinks and visits to the toilet to pass urine and any other symptoms, such as bladder leakage and how strong the urge to visit the toilet was.

Your GP or healthcare professional should explain the outcome of the assessment to you and outline what they think is causing the enuresis and the options for treatment. They may refer you for further investigations or to a specialist service for support.

What treatment is there for enuresis in adults?

Recommended treatment will depend on what the assessment suggests is causing the wetting. Sometimes simple lifestyle adjustments can be helpful, regardless of the cause.

These include:

- Drink plenty of water-based drinks during the day, but avoid all drink in the last two hours before bed. Good daytime fluid intake can help to improve the amount of urine the bladder can hold.
- Avoid caffeinated, fizzy and alcoholic drinks, particularly in the evening. This is because these can irritate the bladder lining and caffeine and alcohol may have diuretic effects (cause the kidneys to make more urine.)
- Discuss the use of sedatives (medication for sleeping) with your healthcare professional. They change sleep and can make it more difficult to wake to bladder signals.
- Weight reduction, if you are overweight, may help by improving snoring and sleep apnoea, which can cause or be linked to enuresis.

If the above lifestyle options do not help, then treatments that target the cause of bedwetting may be an option.

Enuresis (bedwetting) in adults

Inability to reduce overnight urine production

If the kidneys are making too much urine at night then medication to help reduce this may help. Medication called Desmopressin may be suitable for some adults who are under 65 years old. Noqdirna may be a suitable alternative for some older adults.

Both Desmopressin and Noqdirna must be prescribed by a healthcare professional and are usually taken up to an hour before bedtime. They are not suitable for everyone and people over 65 years old may need blood tests to make sure that the treatment is suitable both before starting it and after four to eight days of taking it and again after a month of treatment.

If you are taking either Desmopressin or Noqdirna, you must not drink for an hour before having them and for eight hours afterwards.

Problems with bladder storage

If the bedwetting is caused by a problem with the way the bladder is storing urine, then medication to help this may be an option. Anticholinergic medications help the bladder wall muscle to stay relaxed during bladder filling and therefore may increase the amount of urine that the bladder can hold overnight.

Enuresis due to diabetes

If enuresis is associated with diabetes, good management of blood sugar levels and fluid intake may be helpful. Discuss your diabetic treatment and enuresis with your specialist nurse or other healthcare professional.

Obstruction in the urinary tract

You may need to have scans or other investigations if an obstruction is suspected. This would then be treated. Options might include prostatectomy (having all or part of the prostate removed if it is enlarged), having the urethra dilated (stretched) if it is narrow, or having stones removed, if they are present.

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Problems with constipation

Constipation is usually treated with increased water-based drinks, dietary changes, including eating more fruit and vegetables and other high fibre foods and using laxatives (medications to help bowel emptying). Good management of constipation may help to resolve enuresis.

Enuresis as a side-effect of some medications

If the enuresis starts when you are on medicines for mental health problems or diuretics (water pills, usually used to treat heart problems), then speak to the person who prescribed the medicines. It may be possible for you to change to different treatments that do not cause enuresis. Do not stop taking prescribed medication without talking to your healthcare professional.

Sleep apnoea and snoring

You may be referred to a respiratory (breathing) clinic to discuss options to treat problems with breathing during sleep. This can help to reduce or make enuresis better for some people.

Neurological disorders

Some neurological conditions or injuries can affect the nerves or part of the brain that helps to control the bladder. There may be appropriate treatments to help with this. Your healthcare professional should be able to advise you.

What other information is there?

If the enuresis is caused by more than one problem, it may need more than one treatment to help.

It is important that you talk to your healthcare professional about any changes to your bladder or bowel health and any new bladder and/or bowel symptoms, as they may indicate a different underlying condition that can and should be treated.

For further advice, help and signposting to NHS services [contact Bladder & Bowel UK here](#) or on telephone 0161 214 4591.