

Understanding Bedwetting in Children with Learning Disabilities



A guide for you, your family, or carer

This leaflet has been produced to help parents and carers to understand bedwetting, why it happens and how it can be made better.

It is important to remember that bedwetting is not the child's fault; it is not caused by anything you or your child has done or has not done. Having a learning disability does not cause bedwetting.

Children are not able to learn to be dry when they are asleep, in the same way that they learn to use the toilet in the day. Therefore, all children who are five years old or more and are toilet trained during the day, should be offered assessment and treatment, if they are wet at night.

If you are concerned about the bedwetting, or finding it difficult to manage, ask your child's doctor or nurse for help.

Enuresis

Enuresis is the medical name for wetting during sleep. It can be treated in children who are at least five years old, who are wet at night twice a week or more, and who are toilet trained during the day if they are not taking medicines that affect the way urine (wee) is made.

Why and how is urine (wee) made?

Urine is made in the kidneys to help the body get rid of waste. It is then sent through two tubes, called ureters, to the bladder. The bladder stores the urine and sends a message to the brain to say it is time to use the toilet.

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Why does bedwetting happen?

The main reasons why children wet the bed are:

- They make too much urine (wee) at night. The brain produces a special chemical messenger, called vasopressin, during sleep. This tells the kidneys to make less urine. Some children are not able to produce enough vasopressin at night, so their kidneys carry on making as much urine at night as they do during the day. The bladder will empty during the night because it is not able to hold the large volume of urine produced.
- Their bladder is not able to hold onto urine well enough overnight. If the child's bladder is smaller than it should be, it will not be able to hold all the urine, even if the child is making enough vasopressin. If the child's bladder wall gets twitchy during filling, it may empty some or all the urine at any time. Many children with this problem also have some bladder issues in the day. They may need the toilet suddenly (urgency), they may go to the toilet more often than others (frequency), or they may get damp or wet underwear during the day.

All children who wet the bed are unable to wake up to the bladder signals that it needs to empty. If they did not have the problem with waking, they would get up and go to the toilet.

Other causes of bedwetting:

- Constipation: The full bowel puts pressure on the bladder making it more difficult for your child to hold onto the urine they make overnight. There is more information about constipation on the Bladder & Bowel UK website at www.bbuk.org.uk.
- Foods that are high in protein or high in salt cause the kidneys to make more urine. Try to avoid giving your child food in the hour before bed. If you do need to give them something to eat, try to choose foods that are low in salt and protein.
- If children drink large amounts before bed, their bladder is more likely to fill before morning. If they are also unable to wake up to the full bladder signals their bed will get wet. Try to avoid your child drinking in the hour before bed.

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- Not drinking enough during the day means that less urine is produced. If this happens regularly the bladder will get smaller, which may result in bedwetting. Encourage your child to have a water-based drink every two to three hours during the day.
- Fizzy drinks and ones that contain caffeine (tea, coffee, cola, chocolate and many energy drinks) can irritate the bladder lining and make wetting worse. Try to avoid these.
- A urinary tract infection irritates the lining of the bladder, causing the bladder to empty more often. This can result in bedwetting and daytime bladder issues. Your child's doctor or nurse can check their urine to make sure they do not have an infection.
- Bedwetting can run in families. If a parent or close relative wet the bed, then it is more likely that the child or young person will also have bedwetting.
- Children may wet the bed because of a different problem with their bladder or kidneys to the ones described here. These issues are very rare but may happen more often in children with Down syndrome. For this reason, if your child is unwell, if bedwetting starts suddenly after they been dry at night for some weeks or months, or if you are worried then they should see their GP. However, bedwetting is usually unrelated to any disability or additional need.

Other things you can do to help

- It is important to make sure that your child's empties their bladder just before they go to sleep.
- If your child is frightened of the dark, provide a night light for them or a potty in their bedroom that they can use if they wake during the night.
- Have a trial of up to fourteen nights without nappies or pull ups if you use these. If your child is dry continue without them, but if they are wet you can go back to using them while you wait for assessment and treatment.

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- Make sure your child is sitting on the toilet properly (for girls and for boys who cannot or do not want to stand to wee). They may need a toilet insert seat to be comfortable. They may need a stool or box to support their feet as well. If your child has problems with balance, they may need the help of an occupational therapist, to make sure they can sit safely and comfortably on the toilet.
- Make sure your child sits on the toilet for long enough to finish emptying their bladder or bowel.

What treatment is available?

Medication called Desmopressin is suggested for some children. It works by helping to reduce the amount of urine produced at night. It is available as a melt, a liquid or a tablet and is taken at bedtime. The melt is placed under the tongue and dissolves quickly, without the need for a drink.

Desmopressin works by reducing the amount of urine produced in the kidneys. It must only be taken at bedtime or up to an hour before going to bed. Your child must not drink for an hour before taking it and for the eight hours afterwards and they must not take it if they have diarrhoea or vomiting and should not take it if they have a raised temperature.

Your child's doctor or nurse will discuss this with you and help you to decide if this is an appropriate treatment for your child. More information on desmopressin is available on the Bladder & Bowel UK website (bbuk.org.uk) in the leaflet 'Understanding Desmopressin Information for Parents and Carers'.

An enuresis alarm is an option for many children, including those with learning disabilities. The alarm works by waking the child as they are wetting the bed.

The alarm makes a noise as soon as the wetting starts. Many children need their parent or carer to wake them the first few nights, but usually then learn to wake to the alarm themselves. The alarm may not be suitable if your child is frightened of sudden loud noises, struggles to settle to sleep or to get back to sleep if they are woken at night.

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Signs that the alarm is likely to work include your child being able to hold onto some of the wee, so they can finish in the toilet after the alarm has woken them. They may also stay dry for longer into the night and gradually learn to sleep through the night without needing to go to the toilet. More information on is available on the Bladder & Bowel UK website in relation to 'using alarms as treatment for bedwetting'.

Both desmopressin and the alarm have a success rate of around 50-70%. Your doctor or nurse should discuss with you which treatment may be best for your child based on the outcome of the assessment but also on which you and your child would prefer to try first. If this treatment does not work, there may be the option of using both the alarm and desmopressin together.

Some children may also need treatment for constipation or for daytime bladder issues. This may include medication to treat these, and that medication may need to given while using desmopressin and/or an alarm.

Further advice

Always follow advice given to you by your child's doctor or nurse. Talk to them if you have any questions or concerns.

You may also contact the Bladder & Bowel UK confidential helpline through the website.

Further information

Find more information about bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the Bladder & Bowel UK confidential helpline (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

There is more information on bedwetting, including on how to discuss the issue with your healthcare professional at www.stopbedwetting.org.