

PATIENT INFORMATION

Treating Bed-Wetting Conservatively

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Medications for uncomplicated primary bedwetting (nocturnal enuresis) should be reserved for acute situations -- for example, when the child is going to a friend's house for a sleep over.

Drugs like Imipramine and Desmopressin Acetate (DDAVP) are safe and have been found to be effective in the short term, but there is a high rate of relapse associated with these medications.

For the everyday treatment of bed-wetting, a moisture alarm and/or the "double bubble." Technique is the best.

Keep in mind that each year, at least 15% of enuresis patients get better without any treatment, so. "You can certainly do nothing. If everyone is happy, and no one has a big problem with it."

Moisture alarms have become increasingly popular, and they work for about 75% of patients.

The relapse rate is low once children stop using these devices.

Moisture alarms cost about \$75, and in some areas, insurance companies are paying for them.

The "double bubble" technique involves putting an impermeable plastic cover on the bed, followed by sheets and a blanket and then another plastic cover and another set of sheets and a blanket.

By doing this; if the child wets the bed in the middle of the night, he or she can just pull off the first layer, change pajamas, and get back into bed without having to bother anybody.

This technique takes the parents out of the picture, and lets the child take care of the problem themselves, which they usually want to do.

Enuresis, "isn't just a parent's problem" this is a problem for the child's self-esteem and sense of maturity. Some kids are just fine with that, but some really want help.

Primary nocturnal enuresis occurs in about 15% of 5-year-old children, 10% of 7-year-old children, and 2% of 11-year-old children.