



Dr Wolfgang Muller (Consultant Paediatrician)

Parent Information Guide:

Parent information: Nocturnal enuresis (bedwetting) in children aged 5–10 years

Nocturnal enuresis means bedwetting during sleep in a child old enough to be expected to stay dry at night. It is very common in primary school children, and it is **not your child's fault**. Bedwetting is usually linked to deep sleep, making more urine at night than the bladder can hold, family tendency, constipation, or bladder problems rather than laziness or bad behaviour. Punishment does not help.

When should I seek help?

Children aged **5 years and over** who still wet the bed can be assessed and treated. See your GP or continence service sooner if your child has **daytime wetting, pain when passing urine, excessive thirst, constipation, snoring with disturbed sleep, a urinary infection, or if they had been dry for 6 months or more and then started bedwetting again**. Sudden new bedwetting can sometimes point to an underlying problem such as constipation, infection, stress, or diabetes.

What can parents do at home?

Helpful first steps are to:

- reassure your child and avoid blame
- encourage **good drinks through the day**, rather than most fluids in the evening
- make sure your child **uses the toilet regularly in the day and empties their bladder before sleep**
- look out for and treat **constipation**
- use mattress protection and easy-to-change bedding
- reward things your child **can control**, such as drinking well in the daytime, going to the toilet before bed, and helping change bedding, rather than rewarding “dry nights” alone.



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Should I wake my child to use the toilet?

Lifting or waking a child can sometimes be a short-term coping strategy, but it does **not usually cure** bedwetting. Long-term improvement usually comes from proper assessment and treatment rather than repeatedly taking a sleepy child to the toilet. However, you may achieve emptying the bladder before bedwetting occurs.

Bedwetting alarms

A **bedwetting alarm** is usually the **first treatment** offered when simple advice has not been enough and the child and family feel able to try it. The alarm senses urine and wakes the child, helping them learn to recognise a full bladder and wake in time. Alarms are effective, but they need motivation and consistency.

Practical points for alarms:

- they often need to be used for **at least 4 weeks**
- they do **not** usually work immediately
- a parent often needs to help at first
- continue until your child has had **14 dry nights in a row**
- if there is **no progress after 12 weeks**, stop and seek review.

Medicines

If an alarm is unsuitable, not wanted, or has not helped, a doctor may suggest **desmopressin**. This medicine reduces the amount of urine made overnight. It can help for regular use or for special occasions such as sleepovers. It is licensed for children **over 5 years**.

Important safety point: when taking desmopressin, your child should have plenty to drink in the daytime but should **stop drinking 1 hour before taking it**, take it near bedtime, and then have **no drinks for 8 hours afterwards**. This reduces the risk of low sodium levels from drinking too much fluid. The need for treatment should be reviewed regularly, often every 3 months.

Sleepovers and school trips

Bedwetting can make children anxious about staying away from home. Planning helps:

- talk calmly and privately with your child
- pack spare pyjamas, pull-ups or pads if needed
- use a waterproof sheet or sleeping bag liner
- consider desmopressin in advance if advised by your clinician, and **trial it beforehand** rather than for the first time on the trip.



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When to ask for specialist help

Ask for further review if:

- your child has troublesome daytime bladder symptoms
- constipation is hard to control
- bedwetting starts suddenly after a long dry period
- an alarm has not helped after a good trial
- medication is not working
- bedwetting is affecting mood, self-esteem, school life, or family life.

Key messages for parents

Bedwetting is **common, treatable**, and **not your child's fault**. For most children aged 5–10 years, the main treatments are good daytime bladder and bowel habits, reassurance, and then a **bedwetting alarm** or **desmopressin** when needed.

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