Nocturnal Enuresis

What is nocturnal enuresis?
Nocturnal enuresis, also known as bed-wetting, is involuntary urination while asleep after the age at which bladder control is obtained.

What are the causes of nocturnal enuresis?
The two most common causes of bed-wetting are constipation (see separate handout) and developmental delay (just as some children walk and talk before others their same age). Bed-wetting can also be genetic, meaning, it runs in families. For example, if a father or mother wet the bed, their children have a higher chance of being bed-wetter’s. There can be physical causes of bed-wetting. Physical causes are rare in children who wet only during sleep, have never had a urinary tract infection, and urinate normally during the day.

Abnormal sleep is not a cause of bed-wetting. Although, many parents think their children who wet the bed are “deep sleepers”, this is simply because most children wet during their normal deep sleep cycle. Not getting enough sleep; however, can contribute to bed-wetting. In addition, psychological problems are rarely the cause of bed-wetting in children.

How is nocturnal enuresis treated?
Treatment of bed-wetting is dependent on the cause. If the cause is constipation, then the constipation should be treated.

Children who wet the bed because of developmental delay simply need more time for their bladder to fully develop (bed-wetting is very common until 6 years of age; therefore, treatment is generally not recommended for children less than 6 years old). The best treatment for a developmental cause of bed-wetting, in a child older than 6 years, is conditioning treatment with the bed-wetting alarm. In order for bed-wetting treatment to work, the child and family must be motivated.
Bed-wetting treatment is rarely successful in children who are not bothered by their bed-wetting. There are medications that can be used to treat bed-wetting; however, the medications do not cure the bed-wetting. Also, the medications do not work for all children. The medications can sometimes be helpful for overnights and camp. In the rare case when there is a physical cause, treating the physical cause will usually treat the bed-wetting.

See the next page for contact information.
Contact Information:

Laurence S. Baskin, MD
lbaskin@urology.ucsf.edu

Hillary Copp, MD, MS
http://www.urology.ucsf.edu/faculty/contact?fid=505

Michael DiSandro, MD
http://www.urology.ucsf.edu/faculty/contact?fid=509

Appointments & Location
UCSF Medical Center, Parnassus Campus
400 Parnassus Avenue, Suite A-610
San Francisco, CA 94143-0330
Phone 415/353-2200
Fax 415/353-2480

Children’s Hospital & Research Center Oakland
747 52nd Street Ambulatory Care 4th
Oakland, CA 94609
Phone 510/428-3402

PEDIATRIC NURSE PRACTITIONERS

Anne Arnhym, CPNP
Certified Pediatric Nurse Practitioner
Pager: 415/443-0541
anne.arnhym@ucsfmedctr.org

Angelique Champeau, CPNP
Certified Pediatric Nurse Practitioner
Pager: 415/443-5632
Angelique.Champeau@ucsfmedctr.org

Christine Kennedy, CPNP
Certified Pediatric Nurse Practitioner
Pager: 415-443-0703
KennedyCE@urology.ucsf.edu