#### 2. Moisture alarms

These small, battery-operated devices connect to a moisture-sensitive pad on your child's pajamas or bedding. When the pad senses wetness, the alarm goes off. It often takes one to three months to see any type of response and up to 16 weeks to achieve dry nights.

#### 3. Medication that slow night time urine production

The drug desmopressin (DDAVP) reduces urine production at night.

**4.Medication that calm the bladder** - If your child has a overactive bladder, an anticholinergic drug such as oxybutynin may help reduce bladder contractions and increase bladder capacity, especially if daytime wetting also occurs.

24 Hr Emergency **(3) 044-6666 7788** 



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### What are the causes in adults?

Overactive bladder is the cause for 70-80% of cases in adults, Bladder irritants, such as alcohol and caffeine can cause this as well as active urinary tract infection.

Some medications are also known to increase bedwetting in adults as hypnotics, insomnia medications, and psychiatric medications such as thioridazine, clozapine and risperidone.

Other causes include diabetes, urinary tract stones, neurological disorders, anatomical abnormalities, urinary tract calculi, prostate cancer, prostate enlargement (chronic retention with overflow of urine), bladder cancer or obstructive sleep apnea.

Sometimes there are hormone abnormalities like decreased secretion of hormone called Anti-diuretic hormone which causes excessive urine production in the night time.

## What are the causes in children?

All children are incontinent at birth and gradually retain control of the bladder as they grow. Most kids are fully toilet trained by age 5. Generally, bed wetting before age 7 isn't a concern. At this age, your child may still be developing nighttime bladder control. If bed wetting continues beyond that age you will need to see an urologist or a pediatrician.

Generally, the causes can be due to three different reasons based on which the treatments are devised

Deep sleep that child is unaware of the bladder being

• full

Excessive urine production from the kidneys due to

• deficiency of ADH hormone, sleep apnea, diabetes

Overactive bladder in which there are associated day
time symptoms also - small bladder, urinary infection, chronic constipation, structural problems in urinary tractor neurological system.

Stress and anxiety, family history, Attention deficit / hyperactivity disorder (ADHD) are risk factors for bedwetting.

# What is required for diagnosis?

- Physical exam
- Discussion of symptoms, fluid intake, family history, bowel and bladder habits, and problems associated with bed wetting
- Urine tests to check for signs of an infection or diabetes
- X-rays or other imaging tests of the kidneys or bladder to look at the structure of the urinary tract
- Other types of urinary tract tests or assessments, as needed

## What are the treatments in children?

## It depends on the cause

### 1. General lifestyle measures

- a) Limit fluids in the evening
- b) Avoid beverages and foods with caffeine especially in the evening
- c) Encourage double voiding before bed

Double voiding is urinating at the beginning of the bedtime routine and then again just before falling asleep. Remind your child that it's OK to use the toilet during the night if needed. Use small night lights, so your child can easily find the way between the bedroom and bathroom.

d) Encourage regular toilet use throughout the day

During the day and evening, suggest that your child urinate every two hours or so, or at least often enough to avoid a feeling of urgency.

e) Prevent rashes