## Bedwetting's Impact On Older Children Short- And Long-Term Treatment Options Available

(NAPSA)—Every morning, millions of children wake up in a wet bed. Yet, at 9 years of age onethird of children have not received any medical attention, according to leading experts. When left untreated, bedwetting can have far-reaching social implications on the child including a noticeable drop in self-esteem, disruptions in parental and peer relationships and withdrawal from typical childhood activities such as camp, sleepovers, and family visits. Even more troubling is the apparent increase in the rate of behavioral problems displayed by some older children whose bedwetting episodes are not adequately addressed.

"Early diagnosis and treatment of bedwetting is especially critical in older children given how heavily this condition impacts their well-being," said Debra Slade, President of the National Bladder Foundation. "It is important to reinforce that long-term treatment options are available to manage this condition and such treatment approaches can help the child regain confidence and control and realize the benefits of staying dry."

A highly under-diagnosed medical condition, it is estimated that 5-7 million children 6 years of age or older suffer from bedwetting in the United States alone. Bedwetting, or primary nocturnal enuresis (PNE), is often a source of tremendous frustration for the entire family and is further exacerbated by the persisting misconceptions and stigma surrounding the condition. Many parents are reluctant to seek medical evaluation for their child for several reasons:

• Fear that their child's persistent bedwetting might be perceived as bad parenting

• Belief that their child's bedwetting is controllable



• Feel that it is a condition their child will eventually outgrow

Health professionals stress that bedwetting is an involuntary act that is neither behaviorally nor emotionally grounded. While children will eventually outgrow bedwetting, it is often a prolonged and distressing process. In fact, in a survey of enuretic children, bedwetting was ranked as the third most stressful life event after divorce and parental disagreements.

"Episodes of bedwetting may cause extreme embarrassment, but particularly so for older children who, fearful of being discovered, will often refrain from peer group activities, which are fundamental to their normal psychosocial development," said Debra Slade. "Early therapeutic intervention is essential to help children control bedwetting and is recommended until they are consistently able to achieve dry nights on their own."

Pediatricians can safely and effectively manage children with uncomplicated bedwetting. In particular, treatment with desmopressin, a synthetic form of the naturally occurring antidiuretic hormone (ADH) called vasopressin, has been shown to speed up the cessation of bedwetting, thereby helping to restore the child's confidence and reduce parental frustration. An insufficient nighttime level of ADH is a factor thought to play a role in bedwetting; desmopressin works by reducing the amount of urine produced at night. Moreover, desmopressin's efficacy tends to increase with a child's age.

The exact cause of bedwetting is not known; however, physicians agree that this disorder results from a combination of factors including: inadequate ADH production, small nocturnal bladder capacity, maturational delay and hereditary influence. Other treatment options for bedwetting include moisture-activated alarms and motivational therapies.

Enuresis is diagnosed through a full physical exam, urinalysis and obtaining a thorough medical history. Questionnaires to capture the child's voiding history are often useful during this evaluation.

Parents should consult with their child's pediatrician to select the most appropriate treatment options and evaluate both shortterm and long-term strategies. In older children, long-term treatment strategies can be used to bridge them to an age in which they can achieve dryness on their own.

Expert recommendations for patient evaluation and treatment of primary nocturnal enuresis were recently published as a monograph in Infectious Diseases in Children titled "Taking a Closer Look at Primary Nocturnal Enuresis."

For more information about bedwetting, visit www.drynights. com. For a free brochure send a self-addressed, stamped, businesssize envelope to *It's Not Your Child's Fault*, The National Bladder Foundation, Dept. B, P.O. Box 1095, Ridgefield, CT 06877.