It therefore helps the bladder to hold more urine. Side effects include dry mouth, constipation, blurring of vision and drowsiness. Your child might be prescribed antibiotics when there is recurrent urinary tract infection.

★ Behavioural therapy and other psychological approaches if anxiety and stress are a factor

What if there is also bedwetting?
It is not unusual for children under seven to be wet at night. When there is also daytime wetting, or when bedwetting has started again after a period of being dry, this usually improves after the daytime wetting problem is resolved. An ‘overactive’ bladder can also cause night-time wetting.

What if a child has special needs?
Children with special physical needs, or learning disabilities, often take longer to achieve bladder and bowel control, but there is no reason why a programme to improve control cannot be successful.

How can ERIC help?
ERIC (Education & Resources for Improving Childhood Continence) is a national charity that helps children, young people and families with bedwetting, daytime wetting, and soiling problems. Support and information is available from the ERIC Helpline: Tel: 0845 370 8008 - Monday to Friday, from 10am until 4pm.

Information and interactive message boards can be found on the ERIC websites: www.eric.org.uk www.trusteric.org (for young people)

Water Is Cool in School Campaign
www.wateriscoolinschool.org.uk
This national campaign aims to improve water facilities and access to fresh drinking water for children in schools.

Bog Standard Campaign
www.bogstandard.org
Another innovative national campaign to improve the standard of school toilets and pupils’ access to better quality facilities.

Log onto www.ericshop.org.uk to view and order from a wide range of literature and resources to help children with daytime wetting. Products available include washable absorbent underwear. ERIC’s free Products’ Catalogue is available on request.

Further useful reading
We can do it! Helping Children who have Learning Disabilities with Bowel & Bladder Management: A Guide for Parents: White, M., Rogers, J., (2002). Published by ERIC.

ERIC (Education and Resources for Improving Childhood Continence)
34 Old School House
Britannia Road
Kingswood
Bristol BS15 8DB

Tel: 0117 9603060
Fax: 0117 9600401
Helpline: 0845 370 8008 (Mon-Fri, 10am-4pm)
Email: info@eric.org.uk
www.eric.org.uk
www.trusteric.org (for young people)

Registered Charity No: 1002424 JUNE 2006
Daytime Wetting in Childhood...
This leaflet outlines what might cause wetting accidents during the day, what can be tried at home and when and how to seek medical help.

What is daytime wetting?
It is not unusual for younger children to have the occasional wetting episode, but by the time they reach the age of 4 or 5 years it can cause difficulties at home and at school. At one end of the scale minor accidents cause dampening of the underwear, at the other a sudden emptying of the whole bladder. Some children will start to wet in the day after being reliably dry by day and night for some time, others will never have been dry at all.

Who is affected?
Daytime wetting affects about 1 in 75 children over the age of five years and is more common in girls. Friendships and social opportunities can be affected, and this stressful and embarrassing problem may lead to teasing or bullying at school.

What might cause it?
For younger children (4-5 years)
★ A change in routine, such as moving house, or a new baby in the family
★ Becoming engrossed in a game or other activity and forgetting to use the toilet
★ A common childhood illness

For all children
★ Being constipated - as this causes pressure on the bladder
★ Certain drinks or foods eg fizzy drinks
★ An infection within the bladder system (urinary tract infection)
★ When it is linked to a need to go to the toilet more frequently (this may mean that the bladder capacity, or the amount the bladder can hold, is below average)
★ An ‘overactive bladder’ when the bladder suddenly needs to empty - with little or no warning
★ Being in a hurry and not completely emptying the bladder when using the toilet
★ As a result of an anxiety or emotional upset

What can parents do?
★ Encourage 6-8 water-based drinks spread over the whole day (this helps the bladder to fill properly)
★ Set up a toilet routine, with set toilet times to discourage ‘holding on’. The rhyme ‘123, do I need a wee?’ might help to remind - and a vibrating wristwatch can prompt
★ Talk with your child about what a full bladder feels like. Arrange simple rewards for using the toilet and use a very low key approach if accidents occur (don’t scold or punish)
★ Make sure the diet is varied and includes cereals, fruit and vegetables to avoid constipation
★ Check that your child’s school allows drinking water and good access to the toilets
★ Teach girls to sit on the toilet in a relaxed position, with feet apart and resting on the floor, or on a step stool if necessary. Keep the back straight, lean forward slightly and try to let the urine out in a continuous steady flow
★ Encourage boys to aim at a target in the toilet to improve the stream
★ Wait before getting off the toilet to make sure that the bladder is completely empty

Who can help?
Most parents first seek help from their health visitor, school nurse or general practitioner. It is often helpful to take with you a record of wetting accidents, daily drinks and how often the child has managed to use the toilet. You will probably be asked to bring this to the next appointment

Initial investigations and treatments
★ A routine urine test will rule out a bladder infection
★ A general health check will identify any significant underlying problems
★ Any constipation is likely to be treated with dietary advice and medication. A regular toilet routine will help to prevent a reoccurrence
★ Drinking good levels of fluid and a regular toilet routine will be discussed
★ You may be asked to help your child measure their bladder capacity (the amount of urine the bladder can hold at the point of feeling full) by passing urine into a jug
★ An ultrasound scan of the urinary tract (bladder and kidneys) may be suggested, to check the bladder and that it is emptying completely

Your child is likely to be asked to keep a record chart and to bring this to the next appointment

For most children the wetting does gradually improve, although this can take time. When there is no improvement, when there are repeated infections, or when a wetting problem starts in the older child a specialist opinion may be sought, usually from a specialist paediatric nephrologist (kidney specialist), from a urologist (bladder system specialist), or a general paediatrician. There are further tests that will only be required if there seem to be problems with the way that the bladder is working. These include urodynamic tests (to check how the bladder is filling up and emptying) and cystometry (to examine the bladder activity).

What further treatment options might be considered?
★ A programme of using the toilet at regular intervals during the day, combined with extra drinks
★ Medication - A medication called ‘Oxybutynin’ can help by relaxing the bladder muscle when it is filling with urine.