Cracking the Puzzle of Bedwetting

A guide for those aged eight and over

Richard Butler

Illustrations by Geo Parkin ~ Layout by Greg Butler
Printed in the UK by Quadrant Design and Print Solutions
Bedwetting…

springing a leak when you’re asleep...

is a puzzle

Yet it's a puzzle that can be solved if we tackle it in the right way...
Solving the puzzle

It's useful to think of bedwetting as a set of puzzles. Have you ever wondered...

- **how come it happens?**
  Although it can be difficult to understand why bedwetting occurs, by observing things closely you can often find the reason it happens.

- **how can I stop it messing up my life?**
  Bedwetting can stop you doing things you'd like to do and make you feel bad about yourself. However, by looking at things from a different angle you can stop it dragging you down.

- **how come the things I try, don't work?**
  This can be mighty frustrating. Nevertheless there are some strategies you might try out or experiment with that will reduce bedwetting.

- **how come I'm wet on some nights and dry on others?**
  Now that's a wizard of a puzzle. Yet by doing some investigations you might discover the reason. And then you can change things to help sort out the bedwetting.

- **how can I stop bedwetting?**
  Perhaps the biggest question of all. Fortunately there are some good treatments – discovering the right one for you is the skill.

- **how can I remain free of bedwetting?**
  Sometimes bedwetting starts again once you stop treatment. This is called relapse, yet it can be prevented by analysing your success so you take the credit.

Observation, looking at things differently, experimenting, investigating, discovering, analysing. These all sound a tad scientific. Well sometimes the best way of solving a tough puzzle is to be **like a scientist**.

And if you can be like a scientist you'll most likely find a way of cracking the puzzle of bedwetting.
How come bedwetting happens?

If we start with a blueprint of how children stay dry at night, we can then observe, like a scientist would, what’s causing you to spring a leak whilst you’re asleep.

So here’s the blueprint of dryness (check out the diagram overleaf):

- when we’re asleep a gland in the brain releases a hormone (a chemical message) called vasopressin.

- this goes to the kidneys, which sift out the waste water we call urine or wee from the blood.

- the vasopressin message lets the kidneys know they are now on night shift so they sift out less urine.

- this leads to a low volume of urine which is quite yellow (concentrated) in colour.

- the urine flows down tubes called ureters to be stored in the bladder.

- the bladder is very much like a balloon with thin walls called detrusors that expand and stretch as urine is stored.

- because less urine is made during sleep, the bladder does not become full and we are able to sleep through the night and stay dry.

However, there is a back up plan in case the bladder does become full:

- if the bladder completely fills up, the detrusors become stretched and send a signal to the brain to let us know it needs emptying.

- in the day we notice this as a feeling of needing a wee.

- this signal, like an internal alarm clock, helps us to wake up and at the toilet the detrusor muscles squeeze to force the wee into the toilet.
The blue-print of dryness

- brain
- vasopresin
- kidney
- ureter
- bladder
Bedwetting happens when there are misprints in the blueprint:

1. It could be the vasopressin message is not sent, so we produce too much wee during sleep. This is called a lack of vasopressin release.

2. Or it could be that the detrusor muscles squeeze to empty before the bladder is full. This is called bladder over-activity as the muscles contract and squeeze at the wrong time.

3. Or it might be that we don’t have the back up plan meaning we fail to wake up to bladder signals.

So bedwetting happens when the blueprint is misprinted. As all this happens when you are asleep you can’t be blamed for the bedwetting. It’s really is not your fault.
Let's observe why your bedwetting happens

As a scientist and knowing the blue print, you can check each process to find out what's causing your bedwetting. Often the clues are in the detail.

**First** look for clues to see if you have a *lack of vasopressin release*. Think back over the last two weeks and tick the circle on the vasopressin file if this is how it is for you...

### vasopressin file

<table>
<thead>
<tr>
<th>size of wet patch</th>
<th>tends to be large from a dustbin lid size to everything being soaked</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>time of wetting</td>
<td>early in sleep within 3 hours of going to sleep</td>
<td>☐</td>
</tr>
<tr>
<td>urine colour when wet</td>
<td>dilute clear in colour</td>
<td>☐</td>
</tr>
<tr>
<td>response when wet</td>
<td>sleep through the bedwetting only know I've been wet when I wake in the morning</td>
<td>☐</td>
</tr>
</tbody>
</table>

Ticked circles are clues. If you have **2 or more** ticks, you can be pretty sure you are not releasing enough vasopressin during sleep.

So you are wetting the bed because you're making too much urine during sleep.

Here's a different kind of puzzle...

1. what does urine look like?
   - A: orange juice
   - B: apple juice
   - C: cranberry juice

Answer on page 39
Secondly you can investigate whether your bladder is over-active and causing you to wet during sleep.

The clues to look for are on the bladder file. So again, think about the last two weeks and tick the circle if this is what usually happens.

<table>
<thead>
<tr>
<th>bladder file</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>size of wet patch</td>
<td>tends to be small</td>
<td></td>
</tr>
<tr>
<td></td>
<td>anything from the size of a coin to a dinner plate</td>
<td></td>
</tr>
<tr>
<td>urine colour when wet</td>
<td>concentrated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>yellow in colour</td>
<td></td>
</tr>
<tr>
<td>response when wet</td>
<td>wake up very soon after bedwetting</td>
<td></td>
</tr>
<tr>
<td>day time toileting</td>
<td>go for a wee frequently</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(7 or more times a day)</td>
<td></td>
</tr>
<tr>
<td>deciding when to wee in the day</td>
<td>have a sudden feeling (urgency) that I need a wee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>have to dash immediately to the toilet</td>
<td></td>
</tr>
<tr>
<td>amount of urine passed</td>
<td>pass only a small amount</td>
<td></td>
</tr>
<tr>
<td></td>
<td>when I go for a wee in the day</td>
<td></td>
</tr>
</tbody>
</table>

Again ticked circles are clues. If you have **2 or more** ticks on the bladder file it suggests your detrusor muscles are working too hard during sleep.

So your bladder is being over-active.

The muscles are contracting before they should and a big contraction can cause wetting at night
A final part of the investigation is to discover, when you are in the land of nod, how easy it is to wake up.

Think about whether you ever wake up in the middle of the night to strange or loud noises, bad weather, needing a wee, if you are worried or excited.

Now rate how easy it is for you to wake on the following scale

<table>
<thead>
<tr>
<th>near impossible</th>
<th>to wake</th>
<th>easy to wake</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Most children who wet the bed find it difficult to wake up when the bladder is trying to tell us that it needs emptying.

Strangely this is not because you sleep too soundly or deeply. It’s simply that waking up in the middle of the night is a pretty difficult thing to do.

If you rated yourself as nearly impossible to wake up (any rating between 0 and 2), the enuresis alarm is probably not the best treatment for you. Keep this in mind for later.

Try this puzzle...

2. who is said to have invented the flushing toilet?

A: Thomas Crapper
B: James Loo
C: W.C. Fields

Answer on page 39
how can I stop bedwetting messing up my life?

Many children find that bedwetting leads to:

- avoiding events other children enjoy (a social effect)
- feeling distressed (an emotional effect) and
- a change in how we think about our self (a self picture)

As a scientist you can discover the degree to which bedwetting effects you socially by ticking which of the following are true, sometimes true or not true for you...

<table>
<thead>
<tr>
<th>event</th>
<th>true (2)</th>
<th>sometimes (1)</th>
<th>not true (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have to keep friends out of my room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’m not able to sleep over at a relatives house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can’t sleep over at a friend’s house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can’t have friends to stay over at my house</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>school trips involving sleeping overnight are out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have to keep it a secret from friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can’t go to sleep over parties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can’t go camping with groups of children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the type of holiday we go on is affected</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring:**
- True: 2 points
- Sometimes: 1 point
- Not True: 0 points

The higher your score (range 0-18), the more it suggests you are effected socially. The older you are the more likely your score will be high.
Now it’s possible to **look at this differently**. On the whole, **bedwetting should not prevent you doing any activity you’d like to try**. Don’t be a wet blanket. Here’s how...

**expect that you’ll be dry**
Many children who wet the bed are dry on nights they sleep away from home. You may have noticed this when sleeping at a relative’s house. It is therefore very likely you’ll stay dry when you sleep in a different bed.

**take your prescribed medication**
Some medicines such as desmopressin (which treat bedwetting by reducing how much urine you make during sleep) work very quickly. You’ll need your doctor’s advice, but for a few nights sleeping away it can be a real bonus.

**have an explanation for if the worst happens**
It’s unlikely anyone will notice if you have a wet bed because on a morning things can be pretty hectic. But to cover you in case the worst happens, it’s a good idea to have a ready made explanation to distract those nosey parkers. Some excuses children have used include:

- sleeping by the side of a tent so any wet patches can be explained as the dew seeping down the tent side
- suggesting it must have been due to an allergy to what you ate for supper
- taking a carton of orange juice to bed, and if wet, clumsily knocking it on to the bed

**have some protection**
There are many types of bedding protection, from absorbable pants through to sleeping bag liners which can ensure the bed does not become wet. ERIC supplies a whole range of products which you might wish to check out under ‘further information’.

**inform adults who are in charge**
You may need to tell others who have responsibility for you such as a teacher, friend’s parent or coach particularly if you are to take medication. However, let them know it is a **vulnerability** to bedwetting, something that can sometimes happen, not that it will for certain.

How about this puzzle...

3. Which girl’s name is often used by folk when they say they need to use the toilet?
A: Lucy
B: Penny
C: Abigail

Answer on page 39
You can check how bedwetting is affecting you **emotionally** by ticking how often you have the following feelings:

<table>
<thead>
<tr>
<th>feeling</th>
<th>all the time (3)</th>
<th>quite often (2)</th>
<th>sometimes (1)</th>
<th>never (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m anxious about wetting the bed before I go to sleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get upset if there is a wet bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel embarrassed if I’m wet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get annoyed by the wet beds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel sad after a wet bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I worry about it all day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel guilty about the bedwetting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I become frustrated by another wet bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’m afraid of others finding out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring:**

All the time: 3 points  
Quite often: 2 points  
Sometimes: 1 point  
Never: 0 points

It would be unusual if bedwetting didn’t make you feel bad.

Add up your score. The higher your score (range 0-27), the more it suggests you are affected emotionally by the wet beds.
Though you may feel bad about the bedwetting, you might try **looking at it in a different way.** Try thinking...

**you are not alone**
Let those people closest to you (e.g. parents, carers, trusted friend) know how you feel. Sharing a problem makes people feel better. It's like a problem shared, is a problem halved.

**you are not the only one**
Bedwetting is remarkably common amongst children. It might not seem like that, but it's just that nobody ever talks about it. About \( \frac{3}{4} \) million children in Britain regularly wet the bed. Now that's a fair number. It's more than likely there will be at least someone else in your class at school who also wets the bed.

**bedwetting is not your fault**
Remember, wet beds happen because you find it hard to wake up when your bladder is full or over-active. Waking up in the middle of the night is difficult for everyone. It is not your fault. You can't be blamed for wetting the bed.

**be determined to change**
When things go against you and times are difficult, it can sometimes make you more determined to succeed. It's like the saying goes, when the going gets tough, the tough get going. So although bedwetting can make you feel bad, you might remain tough and determined to overcome the problem.

**you will become dry**
With the right treatment most children become dry at night. We'll discuss treatment options later.

Now try this puzzle...

4. What does WC stand for?
   A: water closet
   B: washing cubicle
   C: wee in the chamber pot

Answer on page 39
Finally you can check on how bedwetting is effecting how you see yourself (your **self picture**) by ticking the box according to how you think you are, using the 0-6 scale where 0 means ‘not at all’ and 6 means ‘very much’ like the description:

<table>
<thead>
<tr>
<th></th>
<th>not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>shy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>moody</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bad tempered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>different from other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>worrier</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>weak</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lonely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>think there’s something wrong with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>get picked on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lack confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This scale creates a picture of how you see yourself. The more you marked to the left (around ‘not at all’), the better you think about your self. Marks further to the right (around ‘very much’) suggest the bedwetting is effecting how you think about yourself.

**Scoring:**
You can score the scale by adding up the marks (0-6) for each of the 10 items, with a range of scores from 0 to 60.
Here's a couple of ideas to help you **look at things differently**: 

Think of all your **positive characteristics** by putting a circle around the descriptions in the table below that are true for you:

<table>
<thead>
<tr>
<th>I am...</th>
<th>helpful</th>
<th>like sport</th>
<th>good laugh</th>
<th>sensible</th>
<th>honest</th>
<th>unselfish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>friendly</td>
<td>reliable</td>
<td>cool</td>
<td>hard working</td>
<td>calm</td>
<td>good mate</td>
</tr>
<tr>
<td></td>
<td>intelligent</td>
<td>fun to be with</td>
<td>kind</td>
<td>outgoing</td>
<td>trustworthy</td>
<td>musical</td>
</tr>
<tr>
<td></td>
<td>generous</td>
<td>chatty</td>
<td>supportive</td>
<td>confident</td>
<td>happy</td>
<td>truthful</td>
</tr>
<tr>
<td></td>
<td>artistic</td>
<td>funny</td>
<td>good looking</td>
<td>clever</td>
<td>mature</td>
<td>caring</td>
</tr>
<tr>
<td></td>
<td>polite</td>
<td>energetic</td>
<td>ambitious</td>
<td>loyal</td>
<td>good listener</td>
<td>cheerful</td>
</tr>
</tbody>
</table>

This is a **picture** of the **real you**.

Always keep in mind the positive side of yourself.

And why not show other people this side of yourself more often.

Think about the description (**I am...**) and you will become like it.

How about this puzzle...

5. The American word for a toilet is a...?
   A: Walter
   B: Wayne
   C: John

Answer on page 39
Think of the **benefits** of being dry

You can anticipate what it would be like to be dry. Tick what would be good for you about being dry:

- My room wouldn’t smell
- I could have friends in my room to play
- I would feel warm when I woke up
- I would be able to have a lie in on a morning
- I’d feel comfortable on a morning
- I wouldn’t have to have a bath or shower on a morning
- I wouldn’t have to change my sheets so often
- I wouldn’t get sore
- Mum and dad wouldn’t have all the extra washing
- Mum and dad would be really pleased
- I wouldn’t be teased or picked on about it
- I’d feel proud of being dry
- I wouldn’t be embarrassed
- I wouldn’t be afraid of others finding out
- I’d be able to have a drink before going to bed
- I wouldn’t feel different from others
- I would be able to sleep away without any worries
- My family would be able to sleep better
How come the things I try don’t work?

There’s probably lots of stuff you’ve tried to sort out the bedwetting. However some things are a complete waste of effort.

Being a scientist means working out what makes no difference and experimenting with new ideas to find a solution. On the picture this young lad, Dave, is trying lots of things but unfortunately much of it is unlikely to help him stay dry at night. Can you put a cross through the errors he is making? If you find 7 errors, you are doing fine...
Here's the errors and what you can do to improve your chances of a dry night. **don't prop the bed up at one end.** This is complete nonsense. No good scientist would suggest this.

**don't set up a device to collect urine.** This is also utter nonsense. Yes it might keep the bed dry but weeing into a bottle through a pipe will not help develop better bladder control during sleep.

**check out if any type of drink makes you more vulnerable to bedwetting.** By drinking coffee before he goes to sleep, Dave is not improving his chances of being dry. However different drinks have different effects and by being a scientist (as we'll see later) you might find out which drinks you should avoid before sleep.

**don't try to keep awake as long as possible.** Dave is trying to reduce the amount of sleep he has by putting up a reminder on his wall to keep awake. This is unlikely to help as missing sleep makes you feel more tired, which then means you need even more sleep to recover.

**don't read or watch horror stories before sleep.** It's best to be calm before sleep. A good routine helps with a bath or shower and something calming to read or watch.

**don't think negatively before sleep.** It's a good idea to give yourself a reminder to stay dry before dropping off to sleep, but many children, like Dave, unintentionally think negatively. Reminders which contain 'wet', focus on the wrong thing. It is important to phrase reminders positively and focus on being dry. You might try experimenting with either of the following before dropping off to sleep:

'I'll be dry tonight'
'I'll wake up for a wee if my bladder becomes full'

**don't rely on mum or dad to take you for a wee in the middle of the night.** This is often called lifting, and Dave has a sign on the wall reminding his mum to wake him at 11 o'clock. Many parents try lifting, and although it can result in a dry bed, it is seriously flawed because it does not help improve your chances of becoming dry.

With lifting, most parents try their level best to take you to the toilet without waking you. They try not to break up your sleep. The problem is that if you wee without being woken it is encouraging weeing whilst still asleep, exactly the problem you are trying to overcome.
So much for Dave’s efforts. Now, as a scientist might, you could try out (experiment) with some others strategies and check out if they make a difference. Fancy trying any of these?

**drink regularly right through the day**

Many youngsters believe in this equation:  

\[
\text{drinks} = \text{wet beds}
\]

and therefore they don’t drink very much during the day. Often this is made worse by not being allowed to drink much at school. However by not drinking much during the day it makes matter worse. To improve the bladder, it needs to fill and empty regularly. The correct equation is:  

\[
\text{drinks} = \text{dry nights}
\]

It’s important to have up to 7 or 8 drinks spread throughout the day. Some children decide to take a carton or flask of juice to school to drink at break times.

**go for a wee regularly during the day**

If you have bladder over-activity, it’s likely that you go for lots of wees every day and each time you go you don’t pass much. These feelings of urgency are unpredictable and come at really inconvenient times – maybe in lessons, playing on the computer or in the car. Having urgency means you **your bladder controls when you go for a wee**.

Having a plan to go for a wee at regular times during the day means you, rather than your bladder, **takes control**. Thus when you go for a wee, the detrusor muscles of the bladder are squeezed by yourself and weeing comes more under your control.

It may be useful to plan toilet visits to coincide with drinks, maybe going each break time at school and every 2-3 hours at home. Or you might decide to have a secret code or reminder to yourself – maybe a small ‘T’ drawn on a bag or pencil case – that only you know what it means.

**T = toilet**

**positive thinking**

During the day there are many opportunities to think about being in control of your bladder. Here’s a few you might try out:

When drinking you might think to yourself ‘this will improve my bladder’
When playing you might think: ‘I can control my bladder like I control other muscles’
When you go for a wee you can think: ‘I’m boss of my bladder’
When passing a toilet door, it’s okay to think: ‘I can only wee in the toilet’.
empty your bladder before going to sleep

Here’s a straightforward suggestion, but it shows you are taking responsibility. If you like reading or watching TV in bed it’s sometimes easy to forget to have a last wee. You may find it useful to have that secret code or reminder (the letter T) near your bed.

Some children find it helpful to do an action replay to make sure their bladder is empty before sleep. After you’ve had the last wee, clean your teeth and try to have another wee. It’s amazing how often children can wee a little more on an action replay.

switch off any lights

This includes the TV. Light may stop the release of vasopressin as your body might think it’s still daytime, not night time. For a few nights try sleeping in the dark to see if this improves the chances of being dry. If you read, play on a computer or watch TV before going to sleep, then make sure the last things you do are have a wee and switch the light off. All the time you are awake you will be making wee.

practice waking

If you can wake when your bladder needs emptying then you have an excellent way of keeping dry at night. If you scored high on the Waking Scale, this is worth trying.

Firstly you need to be prepared to wake up:
- lie on the bed with your eyes shut
- think to yourself, ‘I’ll wake if I need a wee’
- picture your bladder filling and reaching a sense of fullness

Secondly you have to recognise bladder signals as important:
- imagine how it feels when the bladder is full
- think to yourself, ‘I must respond to this feeling’
- open your eyes and go to the toilet for a wee
if you wake up, go for a wee

Sounds straightforward, but many children wake up, turn over and go back to sleep. They are then likely to wet as the bladder signals are difficult to ignore. Going to the toilet in the middle of the night is not easy but if you do it, you remarkably increase your chances of staying dry.

Here’s some tips that might help you go for a wee after waking:
- have a torch close by just in case it’s too dark
- have a dressing gown at hand so you don’t get cold going to the toilet
- have some extra covers on your bed so when you come back after a wee, the bed hasn’t become too cold
- have a bucket or receptacle in your room to wee into if the toilet is too far away
- make the toilet a little more pleasant to visit by placing a toy, comic or sweet there before you go to sleep

Fancy trying this puzzle...

6. The word ‘toilet’ originates from…?
A: Denmark
B: France
C: U.S.A.

Answer on page 39
how come I’m wet on some nights and dry on others?

Many children have odd dry nights or have wet and dry nights interspersed without any apparent reason. This is frustrating because you just don’t know on any one night whether you will be dry or wet.

This section is about investigating the reasons as to why wet or dry nights happen and finding solutions as a scientist might. You can be a scientist by trying out the following ideas.

1. observe what happens

2. learn from wet nights

1. observe what happens

Scientists really like to work out what is important by investigating what goes on. This is a really good way of checking if you are vulnerable to any type of drink.

Many folk think you should cut out drinks like tea, coffee, fizzy drinks, blackcurrant and so on before you go to bed. However, there is no good science to tell if this is true. It is far better to be your own scientist and work it out.

So here’s what you need to do:

- have a drink before sleep, not a large one but the size you normally have, and record the type on the ‘drinks chart’
- in the morning record whether you are dry or wet.
- for each night, vary the type of drink (try perhaps 2 or 3 different drinks over the 20 nights) and then you can check if any drink is better than the others
- complete the chart of the next 20 nights
For each drink, work out how many dry nights you had. Here's an example:

<table>
<thead>
<tr>
<th>type of drink</th>
<th>number of nights</th>
<th>number dry</th>
</tr>
</thead>
<tbody>
<tr>
<td>orange juice</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>hot chocolate</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>blackcurrant</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>apple juice</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

You can then work out if any drink is likely to be causing bedwetting. Different children appear vulnerable to certain types of drink. In the above example, it would seem, for this child, that

- hot chocolate and blackcurrant are associated with being wet
- orange juice is not related to being dry or wet
- apple juice is associated with dry night

once you discover if any drinks are beneficial or make things worse, you can adjust your evening drinking pattern to improve your chances of being dry.
2. Learn from wet nights

We might try our level best to forget wet beds. However, if we think about them we might discover there are clues as to why wet nights happen. A good scientist uses evidence to try and work out why we wet on some nights.

After a wet night think about what might have caused it to happen. Using the chart, tick what you think may be the reason. You can tick more than one box for any one night or use the 'other' box if necessary.

After a while you can check for any patterns. Are any boxes ticked a lot. If so, try and figure out if there is anything you can do about it. Thus if there are lots of ticks in the 'I didn't drink enough in the day' box, this is something you can change. You can try drinking more and see if this makes a difference.

The reason I wet the bed was:

<table>
<thead>
<tr>
<th>I went to bed too early</th>
<th>I was in a bad mood</th>
<th>I forgot to have a wee before bed</th>
<th>I felt stressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt poorly</td>
<td>I had a snack for supper</td>
<td>I didn't drink enough in the day</td>
<td>I was too late to bed</td>
</tr>
<tr>
<td>I was unable to get out of bed for a wee</td>
<td>I fell asleep with my tv on</td>
<td>I forgot to take my medication</td>
<td>I was too tired</td>
</tr>
<tr>
<td>I left the light on</td>
<td>I had a fizzy drink before bed</td>
<td>I was worrying over something</td>
<td>I wasn't able to wake up for a wee</td>
</tr>
<tr>
<td>I felt upset</td>
<td>bad luck</td>
<td>I drank too much before bed</td>
<td>Other reasons (please specify)</td>
</tr>
</tbody>
</table>
how can I stop bedwetting?

There are four treatments that help children become dry at night. You can discover which is right for you...

**bladder training**

Bladder training is really effective if your earlier observations showed you have bladder over-activity – where your bladder always wants to empty before it's full. Bladder training helps you (not your bladder) decide when to toilet.

What you need to do...
It is pretty straightforward but means you have to remember a few things each day.
It goes like this:

**Increase day time drinking**

have 6 – 7 drinks throughout the day (up to two hours before you go to sleep). Drinking improves how much your bladder can hold.

**Plan when to go for a wee**

it's best to plan to go a wee about 6 – 7 times a day (maybe when you have a drink or at break times at school). You decide. By emptying your bladder when you decide, you choose to contract the bladder muscles and in this way you begin to take control of your bladder.

**If you get a sudden feeling of needing a wee (urgency):**

- check the feeling for about 5 seconds
- if the feeling goes away, that's great, your bladder is working for you
- if the feeling doesn’t go away but seems to be getting stronger, go for a wee – that's you being in control

**Check your progress**

when bladder training is working you should gradually notice:

- less urgency
- an increase in the amount you wee during the day
- and more DRY nights
alarm training

Children who wet the bed find it very difficult to wake up to bladder signals. What the alarm does is watch out for when your bladder gets full and wakes you up by ringing to let you know it is time to wee in the toilet. It’s checking how you’re doing whilst asleep and alerting you if you need to wee.

It’s like there are two signals trying to wake you up
1. the signals from your bladder saying it is full, and
2. the ringing from the alarm

After a while you will become more aware of when your bladder is full and begin to control things without the alarm waking you up. You either wake up yourself or you control the amount of wee you make so that you are able to sleep until the morning. This is not like using an alarm clock which is set to go off at a particular time, but will go off at the point you need to wake to we in the toilet.

Alarm training works best when:
- your bedwetting is caused by lack of vasopressin release (check your earlier observation)
- you are able to wake up (check the Waking scale)
- your parents can support you in encouraging you to wake to the alarm ringing and help you re-make your bed

There are two types of alarm to choose from:
- the body type, as seen in the picture, has a small alarm box attached to the pyjama pocket (or pinned to a T shirt), connected to a sensor worn in the pants which detects as soon as you start to wet
- the bed type has a sensor mat placed on the bed, which is attached to an alarm box placed beside the bed, which triggers when the wetting hits the mat.

Both type of alarm work in the same way. The aim is wake you as soon as possible once wetting starts.

You can acquire an alarm through contacting:
- your GP who will put you in touch with the local service where you will be helped by a school nurse, health visitor or specialist doctor.
- through contacting ERIC you can receive advice and purchase an alarm
Enuresis alarms are extremely effective in helping children, particularly those with a lack of vasopressin release, to overcome bedwetting. You need to use it each night if possible, until you achieve a run of 10 successive dry nights.

What you have to do...

At bedtime

- think about how the alarm is going to help: it will remind you to wake up when your bladder is full.
- think about how important the alarm signal is to you: we tend to sleep through sounds like traffic noises because they are unimportant, but we wake to signals that are important
- have a small drink
- practice lying on your bed, imagine your bladder is full and get up to have a wee
- set up the alarm
- before falling asleep you might reckon on beating the alarm by thinking ‘I’ll wake up if I need a wee’
- its also worth preparing yourself for if the alarm goes off by thinking ‘I’ll wake up quickly if the alarm triggers’

If the alarm triggers:

- you have to wake as quickly as possible
- switch off the alarm with the button
- remove the sensor from the alarm box (body type) and dry the sensor
- visit the toilet to finish weeing
- remove any wet clothing or bedding and remake with clean sheets
- don’t re-set the alarm that night

In the morning:

- clean the sensor of any urine (with a damp cloth)
- complete the progress chart, filling in:
  - if you had a dry night
  - if you woke in the night for a wee (self waking)
  - the time the alarm was triggered
  - if the alarm woke you up (yes or no)
  - the size of the wet patch
<table>
<thead>
<tr>
<th>date</th>
<th>dry</th>
<th>self-waking</th>
<th>time of alarm</th>
<th>woke to alarm</th>
<th>size of wet patch</th>
</tr>
</thead>
</table>
Checking your progress is really important. It can take a while for dry nights to happen, but recording the details on the alarm progress chart will let you know in 2 weeks or so, whether the alarm training is working for you. If there are no signs of progress during the first few weeks, it’s probably not worth continuing at this time.

So what do you need to look out for?

<table>
<thead>
<tr>
<th>what I need to record</th>
<th>how will I know if I’m progressing?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>dry nights</strong></td>
<td>you should see an increase in dry nights</td>
</tr>
<tr>
<td></td>
<td>if on a dry night, you slept through the night, it indicates the release of vasopressin</td>
</tr>
<tr>
<td>any <strong>self-waking</strong> to use the toilet</td>
<td>if you wake up yourself for a wee, it suggests you are responding to your own bladder signals</td>
</tr>
<tr>
<td>the <strong>time</strong> the alarm triggered</td>
<td>if the time of triggering becomes later, it shows either that you are making less urine (vasopressin release) or that your bladder is holding more before it gets full</td>
</tr>
<tr>
<td>whether you <strong>woke</strong> to the alarm triggering (yes/no).</td>
<td>if you are waking to the triggering, this is an excellent indicator that treatment will be successful. if you fail to wake to the alarm triggering, it would be good to ask a parent to wake you as quickly as possible to the alarm triggering</td>
</tr>
<tr>
<td>the <strong>size</strong> of the wet patch (small, medium, large).</td>
<td>smaller patches suggest you are reacting quickly to the alarm being triggered.</td>
</tr>
</tbody>
</table>
desmopressin

As we have seen, bedwetting can happen because we don’t release enough vasopressin, so our wee (urine) fails to be concentrated at night. This means too much wee is produced. Desmopressin helps to reduce the amount of wee we make during sleep.

Desmopressin works best when your bedwetting is caused by a lack of vasopressin release (check your earlier observation)

There are two forms:
1. Desmotabs®, a tablet form (200-400mcg desmopressin acetate before sleep)
2. DesmoMelt®, a small pill which quickly melts under the tongue (120-240mcg desmopressin before sleep)

Desmopressin has to be prescribed by your GP.

Because desmopressin substitutes for a lack of vasopressin, it can be used when you plan to sleep away from home for a few nights. However it is also a very important treatment and may be used over quite a long time period. However because desmopressin does not increase your vasopressin, some children will go back to bedwetting if they stop the desmopressin quickly. We’ll show you how we can phase it off successfully with the withdrawal schedule.

What you have to do...

during the day

Make sure you drink regularly throughout the day, trying to avoid feeling thirsty

in the evening

- take the desmopressin half an hour before sleep

- don’t drink any large quantities just before or after taking the medication

- have a wee before sleep
Checking your progress is really important. You should start having dry nights immediately you start desmopressin. You can check your progress with the dry night sequences chart.

- start by recording the date you start
- if you are dry, colour in the first box (under column 1)
- also, make a note in the box if you slept through (S) or woke (W) to use the toilet during the night. This gives you information about how you are staying dry. S shows you are reducing the volume of urine during sleep whereas W indicates you are waking to full bladder sensations.
- you continue to colour in the sequence of boxes on each row for each dry night, (so a sequence of four dry nights would complete four sections in the row).
- if you have a wet night, end the row with a roof (>), marking end of the sequence of dry nights.
- start a new row when you have the next dry night, by putting in the date and colouring in box 1. This row continues until the next wet night
- a complete row indicates a run of ten consecutive dry nights. Should you remain dry, continue on to the next row, so you form a block of colour

After three months taking desmopressin, it is important to have a short break (at least a week) to check whether you still need to be taking it.
<table>
<thead>
<tr>
<th>date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>dry nights</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>wet nights</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>slept through</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>woke to toilet</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Dry night sequences

Dry nights
Wet nights
Slept through
Woke to toilet

DRY NIGHTS
**bladder medication**

Bedwetting can occur when the bladder contracts during sleep. Bladder medication helps the bladder muscles relax, stopping the contractions and helping the bladder to hold more urine.

Bladder medication works best when your bedwetting happens because of bladder over-activity (check your observation). It is often best used in combination with bladder training.

There are 2 forms:
1. oxybutynin tablet (or syrup) which has to be taken once or twice a day
2. slow release bladder medication (such as Lyrinel XL) which works over 24 hours and thus needs to be taken only once a day

You need a prescription from your GP

**What I have to do...**

**during the day** work on bladder training, ensuring you drink and go for a wee regularly throughout the day

**take the bladder medication** as prescribed

Checking your progress is really important. Using the bladder progress chart you can tell if the bladder medication is working;

- record the **number of drinks in the day** - you should be having 6 -8 drinks spread throughout the day
- record the number of times in the day that you have a feeling of **urgency** - after a while this should reduce
- recording whether you **woke in the night for a wee** (W) – if this begins to happen it shows you are waking to bladder signals
- recording if you **slept through the night** (S) – if this happens with a dry night, it shows a reduction in bladder over-activity
- recording whether you are **dry** or wet during the night - dry nights will not immediately happen but look for a gradual increase.
# Bladder Progress Chart

<table>
<thead>
<tr>
<th>Date</th>
<th>No. Drinks in Day</th>
<th>Urgency</th>
<th>W or S*</th>
<th>Dry/Wet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*W = woke in the night for a wee  S = slept through the night
how can I remain free of bedwetting?

Once you are achieving dry nights, it's important to work on keeping that progress going. Sometimes stopping treatment can lead to a return to bedwetting. Analysing the dry nights, as a scientist would, can give clues as to how to continue staying dry at night. The best way is to internalise the success.

What does this mean?

Well, most children believe that when they become dry, the treatment is totally responsible for that change. They tend to believe in an equation which goes something like:

\[
\text{treatment} = \text{dry}
\]

So, if you remove one side of the equation (treatment) then the other side tends to collapse (and we revert to bedwetting). We call this relapse. You can avoid relapse if you look for the evidence which shows changes in yourself lead you to being dry at night. A better equation is:

\[
\text{changes in myself} = \text{dry}
\]

We'll look at how we do this with each treatment.

Bladder training and bladder medication:

- First note any dry night
- Analyse how this was achieved. Either you woke for a wee (W) or you slept through the whole night (S).
- If you woke for a wee, that's YOU responding to your bladder signals. YOU are becoming more aware of your bladder. YOU (not the treatment) has to take the credit for being dry.
- If you slept through and stayed dry, your bladder has reduced its over-activity and increased how much urine it holds. That's down to YOU increasing your drinking and planning toileting as much as it's down to the medication.
- Once you are consistently dry and don't have any urgency in the day you can stop the bladder medication

This is internalising the success; dry nights occur because of YOU

YOU have to take the credit
The alarm

- note any dry night
- if you have been dry, the alarm has not been triggered and is therefore not responsible for your dry night
- analyse how this dry night was achieved. Either you woke for a wee (W) or you slept through the whole night (S)
- if you woke for a wee, that's YOU responding to your bladder signals. YOU are becoming more aware of your bladder being full. YOU (not the alarm) has to take the credit for being dry.
- If you slept through and stayed dry, you must have reduced the amount of urine you made during sleep, suggesting YOU are now releasing sufficient vasopressin. We might not know why, but the extra day time drinking has most probably helped
- You may feel like removing the alarm when you're ready (many children try to achieve 10 or 14 consecutive dry nights)

This is internalising the success: dry nights occur because of YOU, not the alarm

YOU have to take the credit

Desmopressin

Whilst the process of internalising success is similar to other treatments, because desmopressin is used every night, we have to create a 'window' where we try without the medication. An effective way to do this is to use the ‘withdrawal schedule’.

- Once you have remained dry on desmopressin for some weeks (sometimes months), try the withdrawal schedule. It is an eight week programme gradually phasing out desmopressin.
- On nights marked "MED", the medication is given at the usual dose.
- On nights left blank no medication is given. This is the window of opportunity to determine if you can remain dry without desmopressin
- Dry nights are filled in by colouring the box. If the phasing out of medication appears too rapid, slow this down.
- On wet nights, the ‘dry’ box is not coloured
- For each night, circle (S) if you sleep through the night or (W) if you wake to go for a wee.

- Look for dry nights which occur on “no medication” nights.
- Analyse whether you woke for a wee (W) or you slept through the whole night (S)
if you woke for a wee, that’s **YOU** responding to your bladder signals. **YOU** are becoming more aware of your bladder being full. **YOU** (not the desmopressin) has to take the credit for being dry.

If you slept through and stayed dry, you must have reduced the amount of urine you made during sleep, suggesting **YOU**, not the desmopressin, is now releasing sufficient vasopressin.

This is **internalising the success:**

**Dry nights occur because of YOU**, not the medication

**YOU** have to take the credit

**For each night:**

If DRY, shade in the box

If WET, leave the box blank

If you SLEEP THROUGH the night, circle

If you WAKE TO TOILET, circle

So:

- **dry** means you slept through the night and remained dry
- **S** means you woke in the night to toilet and remained dry
- **S** means you slept through the night and found you were wet when you woke up in the morning
- **S** means you woke in the night to toilet but you also had a wet bed
<table>
<thead>
<tr>
<th></th>
<th>MED</th>
<th>MED</th>
<th>MED</th>
<th>MED</th>
<th>MED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>2</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
</tr>
<tr>
<td></td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>3</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
</tr>
<tr>
<td></td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>4</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
</tr>
<tr>
<td></td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>5</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
</tr>
<tr>
<td></td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>6</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
</tr>
<tr>
<td></td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>7</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
</tr>
<tr>
<td></td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
<tr>
<td>8</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
</tr>
<tr>
<td></td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
<td>dry</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>W</td>
<td>S</td>
<td>W</td>
<td>S</td>
</tr>
</tbody>
</table>
okay, here’s the answers to the earlier puzzles:

1. what does urine look like?
   Answer:
   Apple juice – urine should be clear yellow or yellow-orange, a color caused by the pigment urochrome. If it is very yellow or orange, this might be a sign of dehydration. If your wee is reddish (other than if you have been eating beetroot) then check it out with your doctor.

2. who is said to have invented the flushing toilet?
   Answer:
   Thomas Crapper is said to have invented the flush toilet.

3. which girl’s name is used often used by folk when they say they need to use the toilet?
   Answer:
   Penny, as in ‘to spend a penny’, which is how much it used to cost to use a public toilet.

4. what does WC stand for?
   Answer:
   WC is the initial letters of water closet.

5. the American word for a toilet is a ...?
   Answer:
   John.

6. the word ‘toilet’ originates from ...?
   Answer:
   Toilet is derived from France, meaning a lady’s dressing table. The original meaning can still be seen in terms such as toiletries and toilet bag.
Some snippets of information

Useful contact points

1. Your local General Practitioner
   - Should you wish to follow up any of the points in this booklet
   - To provide information about your local enuresis service
   - To discuss the use of any medication
   - It is important to consult your doctor before trying anything in this booklet if you
     experience any of the following – being constantly wet or dribbling during the day; voiding
     large volumes of urine a day; find it painful to wee; or have an irregular (stop – start) stream
     when you pass urine

2. Education & Resources for Improving Childhood Continence (ERIC)
   34 Old School House,
   Britannia Road,
   Kingswood,
   Bristol
   BS15 8DB
   Helpline: 01179603060
   Website: www.eric.org.uk

   A national registered charity providing information and support for those who wet the
   bed. They have a helpline to offer support, advice and information about local enuresis
   services. They also produce literature and market enuresis alarms and a range of bedding
   protection

3. Ferring Pharmaceuticals
   Websites for further information:
   www.Ferring.co.uk
   www.stopbedwetting.org

4. Malem Medical
   10 Willow Holt,
   Lowdham,
   Nottingham,
   NG14 7EJ
   Tel: 0115 9664440
   Website: www.malem.co.uk

   Malem produce and retail a range of enuresis alarms
Glossary of terms

A reminder of what some of the more tricky words mean

**Action replay** - trying a second wee a short time after finishing a wee

**Alarm training** - a treatment based on waking you up when your bladder is full

**Anticholinergic** - a medication to improve bladder functioning (see Bladder medication)

**Assessment** - working out what type of bedwetting you have

**Baseline** - how things are (e.g. the number of wet nights) before we treat the problem

**Bladder** - the balloon like organ in your body which collects and stores urine

**Bladder medication** - a treatment with medication that relaxes the detrusors (bladder muscles) so reducing urgency and increasing bladder volume:
- **Oxybutynin** = tablet or syrup
- **Lyrinel XL™** = slow release form which lasts 24 hours

**Bladder over-activity** - one reason for bedwetting, where the bladder walls contract before the bladder is full

**Bladder signals** - the messages sent from the bladder to the brain

**Bladder training** - a treatment based on appropriate drinking and toileting that improves bladder control

**Desmopressin** - a treatment with medication that acts like vasopressin by reducing the amount of urine (wee) your body makes whilst you're asleep
- **Desmotabs®** = a tablet form of desmopressin
- **Desmomelt®** = a pill that melts under the tongue

**Detrusors** - muscles of the bladder walls which relax and stretch whilst filling and contract to push the urine out

Lyrinel XL is a trademark of Janssen-Cilag Ltd.
Desmotabs and DesmoMelt are trademarks of Ferring Pharmaceuticals.
**Enuresis** - to wee

**Enuresis alarm** - a small device, that is designed to wake you up when you need to go for a wee

**Internalise success** - taking the credit for dry nights rather than believing that treatment is wholly responsible

**Kidneys** - the two organs that ‘sift’ the blood to produce urine

**Lack of vasopressin** - one reason for bedwetting which results in too much urine being produced during sleep

**Lifting** - being woken by someone else to use the toilet at night (generally not a good idea)

**Medication** - tablets or melts prescribed by a doctor to help stop bedwetting

**Nocturnal enuresis** - the medical term for bedwetting

**Relapse** - starting to wet the bed again after a good period of being dry

**Scientist** - someone who tries to work out why things are the way they are

**Self waking** - waking up by yourself to go for a wee

**Solution** - finding a good answer

**Ureters** - the tubes connecting the kidneys to the bladder, down which urine flows to be stored in the bladder

**Urine** - the waste water (wee) produced by the kidneys and stored in the bladder

**Urgency** - a sudden feeling of wanting to go for a wee

**Vasopressin** - a chemical message sent from the brain informing the kidneys to reduce (concentrate) the quantity of urine being produced during sleep

**Visualisation** - trying to picture in your mind’s eye what you need to do to stay dry
Richard Butler is a consultant clinical psychologist working in Leeds. He has for many years worked to help children overcome their bedwetting. This booklet is the third he has written for children and is based on ideas he has developed in his clinical practice.

Geo Parkin is a cartoonist and illustrator working freelance in Brighton. He has illustrated many children’s books and enjoys drawing comic strips and working on a wide variety of advertisements.

Greg Butler qualified as a graphic designer from Cumbria Institute of the Arts and specialises in illustrative work and portraits.

Sponsored with an unrestricted grant from Ferring UK