

PRESS RELEASE

Children and young people who experience bedwetting to benefit from new NICE guidance

For the first time, national guidance has been published today (27 October) on how to treat children and young people who wet the bed.

While bedwetting is an extremely common condition, children are generally expected to no longer wet the bed (to be “dry”) by a developmental age of five. Historically it has been common practice to only consider treating children for their bedwetting when they reach seven years.

However, in a change to current clinical practice, the National Institute for Health and Clinical Excellence (NICE) has not specified a minimum age limit in its new clinical guideline on the assessment and management of this condition. This means that healthcare professionals are now more likely to consider whether children under seven years may benefit from appropriate advice and treatments currently available on the NHS.

Dr Gillian Leng, Deputy Chief Executive of NICE said: “Many children experience some form of bedwetting as they grow up and this can have a significant impact on their behaviour, emotional wellbeing and social life. It can also be very stressful for their parents or carers. For these reasons, our clinical guideline does not specify a minimum age limit. This means that for the first time advice or treatments will be available to children under seven years, who may have previously been excluded from these services due to their age.”

“Our guideline has been based on the evidence of what has been shown to work well in the assessment and management of childhood bedwetting, and

so I hope that it will support healthcare professionals when they are presented with children and teenagers with this sensitive condition.”

Among the recommendations, NICE advises NHS healthcare professionals involved in the treatment of bedwetting (known clinically as nocturnal enuresis) to:

- Not exclude under-7s from the management of bedwetting on the basis of age alone.
- Inform the child and their parents or carers that bedwetting is not the child's fault, so punitive measures should not be used.
- Encourage parents to reward their children for agreed behaviour rather than for dry nights, e.g. for drinking the recommended levels during the day, going to the toilet before sleep, taking medication, or for helping to change the sheets.
- Discuss with the child's parents or carers whether they need support, particularly if they are having difficulty coping with the bedwetting, or if they are expressing anger, negativity or blame towards the child.
- Address excessive or insufficient fluid intake or abnormal toileting patterns before starting other treatment for bedwetting in children.
- Refer children who have not responded to courses of treatment with an alarm and/or desmopressin (a medication that slows down urine production at night) to a relevant specialist, so that they can be assessed for factors that may be associated with a poor response, e.g. an overactive bladder, an underlying disease, or social and emotional factors.

Dr Jonathan Evans, a Children's Kidney Specialist and Chair of the Guideline Development Group said: “Clearly not all parents or carers will need to seek medical advice every time their child has wet the bed. For most young children it is something that they will grow out of as they learn to control their bladder at night and one which parents or carers will be able to manage independently.

“However, some children and young people aren’t so lucky and may need help to become dry at night. In these cases it is important that families visit their healthcare professional to explore the possible causes and try different treatments. Even if dryness is not achieved straightaway, healthcare professionals should continue to support the families involved and consider different treatment options.”

Dr Mark MacKenzie, a GP and Guideline Developer said: “Over a fifth of children aged between four and five regularly experience nocturnal enuresis. In most cases, it can be successfully treated by advice or using alarms to train the child to wake up before he or she wets the bed. Medication and psychological interventions can also be used.

“The guideline from NICE outlines the variety of ways that the NHS can help families cope with this condition. It also provides advice on when bedwetting may be a symptom of an underlying condition – such as a urinary tract infection, diabetes, or emotional troubles like bullying and maltreatment. .

” I hope that this guideline reassures GPs and other healthcare professionals that they are treating these patients in the most effective ways possible.”

Mrs Fiona Martin¹, a mother of two whose son experienced bedwetting said: “Like most parents, when our three-year old son wet the bed we assumed that it was a normal habit that he’d eventually grow out of. By age five, we realised that we may have a bit of a problem on our hands, but we tackled it discreetly with protective sheets, limiting drinks in the evenings and trips to the toilet before bedtime. By his seventh birthday, his bedwetting continued and we were referred to a paediatric incontinence nurse who helped us to find the right treatment for him. Thanks to this, he is now dry for most nights and able to enjoy life.

“I am pleased that NICE is encouraging healthcare professionals to consider treating children of all ages who wet the bed. It can take a very long time to find the right treatment and so with this guideline, I hope that no family will feel that they must suffer in silence.”

¹ Mrs Fiona Martin is a pseudonym.

Ends

Notes to Editors

About nocturnal enuresis

1. **Nocturnal enuresis** is the clinical term used to describe the involuntary discharge of urine at night. The prevalence of bedwetting decreases with age.
2. The Avon Longitudinal Study found that 21% of children aged between 4 and 5 years (54 months) and 8% of children aged between 9 and 10 years (115 months) wet the bed once or twice a week.
3. The causes of bedwetting are not fully understood and a number of factors may be involved, such as difficulties with waking up when the bladder is full or holding on, or needing to pass a larger than normal volume of urine at night. Less often, there may be a bladder problem. This can mean the child needs to empty their bladder often (even when it contains only a small amount of urine) or urgently before it is full.

About the clinical guideline

1. For further information on NICE clinical guideline 111 on the management of nocturnal enuresis (bedwetting) in children and young people visit <http://guidance.nice.org.uk/CG111>.
2. NICE has also published a version of the guideline, specifically written for patients and members of the public.

About NICE

1. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
2. NICE produces guidance in three areas of health:
 - **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
 - **health technologies** – guidance on the use of new and existing medicines, treatments, procedures and medical technologies within the NHS
 - **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS