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Good Nights, Dry Nights

Is bed-wetting a symptom of a sleep disorder?

By Karen Buscemi

Alexis Funk used to wet the bed almost nightly. She wasn't having trouble toilet training during the day, having learned that skill a few years before. Her mother, Liliana, tried to limit her 6-year-old daughter's fluids before bed and even woke Alexis in the middle of the night to empty her bladder.

Still, the bed-wetting continued. Liliana finally made her daughter go to sleep wearing GoodNites disposable underpants. Embarrassed by her secret, Alexis hid the GoodNites when her friends came over to play. bladder and wake up to use the toilet, and is generally treated with bladder-stretching exercises, medications and even surgery, according to the American Academy of Pediatrics.

In April 2006, Liliana turned to the Enuresis Treatment Center in Farmington Hills, where bedwetting is treated as a symptom of a sleep disorder. Barbara Moore established the clinic in 1974, out of frustration after doctors advised her that her daughter Gaile, then

6, would outgrow wetting the bed at night. When prescription medicine, psychological therapy and surgery didn't work, Moore became increasingly frustrated.

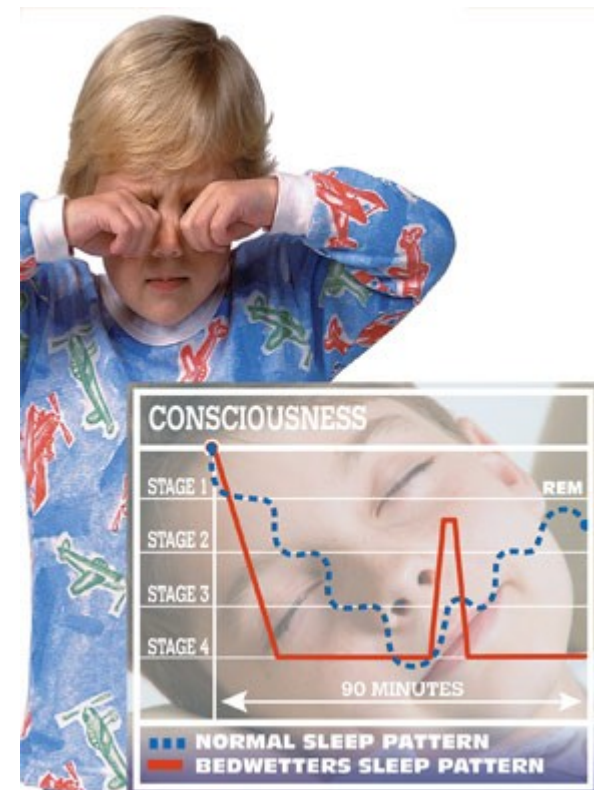
“She never wet the bed until she was 6,” Moore says. “For the child, it’s very difficult. You wake up and you’re wet, and the next day you wake up and you’re wet. And weeks go by and then years go by. It’s difficult for everyone, but for children that had never wet, it’s very frustrating, because they don’t have any understanding of why it’s happening.”

SEEKING SOLUTIONS

Eager to find an answer, Moore – a stay-at-home mom whose background was in nursing, dealing with cancers of the head and neck – spent months doing research at the University of Michigan library in Ann Arbor and talking to parents of other bed wetters. She particularly focused on a 40-year-old study from Montreal’s McGill University that found all bed wetters share a common deep sleep pattern, leaving the brain unable to act on messages it receives from the bladder to empty or lock down. The study concluded that the only effective treatment for nocturnal enuresis (involuntary passing of urine at night) is to change sleep patterns.

“I realized that this was genetically determined, that children inherit the sleep disorder,” Moore says. “You don’t inherit bedwetting, that’s the symptom. You inherit the sleep disorder that causes the bed-wetting. The same sleep disorder causes sleep apnea, sleepwalking, insomnia and night terrors.” She says such conditions are not necessarily passed down by the parents; sleep disorders can skip a generation.

This chart, from “Sleep Disorders of Arousal,” a study by Roger J. Broughton of McGill University, shows the differences in normal sleep patterns (broken line) and those of a bed wetter (solid line). In normal sleep, children fall slowly from Stage 1 (lightest sleep) into deeper stages, and then back to lighter stages, where it’s easy to awaken. A bed wetter falls quickly into deep sleep and stays there for longer periods.



Dr. Mattoo, of Children's Hospital, agrees that there is a genetic component involved in bed-wetting, and says patients with a history of bed-wetting face a 50-percent risk that their child will also wet the bed.

PARENTAL SUPPORT

In the article "Helping Children with Nocturnal Enuresis," Amanda K. Berry, a clinical nurse practitioner at the Children's Hospital of Philadelphia, explains that there are actually two types of bed-wetting: primary and secondary. "Primary nocturnal enuresis, the most common form, refers to cases in which a child has never achieved an extended period of dryness (more than one or two weeks)," Berry reports. "Secondary nocturnal enuresis refers to cases in which a child has achieved nighttime dryness for at least six months and then resumed bed-wetting."

Alexis Funk experienced primary nocturnal enuresis, while Gaile Nixon – now 38 and the assistant director at her mother's center – was a secondary bed wetter. Nixon says her secret made her feel alienated.

"I felt different from the other children at a time when it was important to feel connected and accepted," Nixon says. "You think you're the only person in the world who has this problem."

Nixon adds that her mother never seemed frustrated by the bed-wetting.

"She used to sing when she was changing my wet sheets," Nixon says. It's a lesson that Moore says is important for all parents of bed wetters.

"Often, parents punish the kids for wetting the bed, but they don't understand it's not the kids' fault," says Moore, whose center claims a 95-percent success rate for patients. "They shouldn't be rewarded, either. That tells children their parents like them better when they're dry."

Other organizations offering similar techniques include The International Bedwetting Clinic and the Enuresis Treatment Clinic, which, primarily through their Web sites, work with patients around the world. The companies employ training alarms and biofeedback, a treatment technique that helps patients improve their health by using their bodies' signals as tools to cure bed-wetting.

cure bed-wetting. For Alexis, now 7, the techniques used at Moore's center did the trick, and within seven months, her bed-wetting stopped.

"Alexis was so happy about it," Lilitana says. "Now she can have sleepovers. We had to dedicate ourselves to this process. It was a big commitment, but it was worth it. We were all glad when it was over."

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