



Wet in the night

Treatments are available to help overcome bed-wetting, writes **Cheryl Critchley**

BED-WETTING is social death for children. For a kid, few things are worse than doing something associated with babies or toddlers.

Sleepovers in particular are a nightmare for those who can't hold on overnight.

About one in 10 children aged five to 10 wets the bed; of those, one in five also wets during the day.

It is considered a medical problem, enuresis, if it happens three times a week.

Sufferers can have poor self-esteem, sadness, hopelessness and depression. They also may lack independence because they live in fear of having an "accident".

Some, such as my friend Sean's daughter, who wet the bed often from four to six, grow out of the problem.

"It will sort itself out," he says. "I reckon most of them just have full bladders and they don't wake up in time to go to the loo."

Psychologist Rebecca Gilmour agrees that few children wet the bed for psychological reasons, and says it is mostly a physical problem.

But she believes intervention is important if a child may be psychologically affected.

Bed-wetting often becomes an issue when children start school and are more likely to feel bad about it. They are also more likely to be asked on sleepovers.

Some parents seek help from GPs, who may prescribe medication to suppress night urination.

Gilmour, who runs Richmond Hill Psychology's bed-wetting program with Janet Hall, says this is a temporary solution rather than a cure.

"That's not actually fixing the problem," she says.

Richmond Hill uses Hall's book, *How You Can Be Boss of the Bladder*, and a bell and pad alarm as part of a tailored program.

The alarm has a loud bell, which sounds as soon as urine touches the pad.

Gilmour says her program, one of a handful run by Melbourne psychologists, has a 90 per cent success rate with some relapses.

Private help can be expensive. But it is now about 50 per cent cheaper because enuresis has been listed as a mental-health disorder under Medicare.

When deciding whether to seek profes-



Illustration: ANGELA HO

sional help, parents should consider how the problem is affecting a child's routine and self-esteem.

It is a good idea to tell them whether you wet the bed yourself, because the condition can be inherited.

A child has a 40 per cent chance of having enuresis if one parent did and 80 per cent if both did.

Sean's daughter had no psychological problems and mainly had accidents when overtired. He never made a big deal of it.

"Don't make them feel like they have done something wrong; there are adults who wet beds, but mostly after a skinful," he says.

"And don't probe them too much to find out if there is something troubling them because it will only make them feel they have a problem."

OUR column on kids in restaurants was popular with those who hate ankle biters spoiling their outings. Myriam Fiumani says children these days have way too much status.

"Let us return to the 'seen and not heard' rule and treat kids as kids because that is all they are . . . kids," she wrote.

WHAT DO YOU THINK?

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TIPS FOR DRY BEDS

- 1 The first step is WANTING to be dry. A motivated child is more likely to cooperate and want to learn.
- 2 Encourage and praise dry beds. Never scold or make fun of a bed-wetter.
- 3 Explain how the brain, body and bladder work and how the brain and bladder need to "talk" for the child to start being dry.
- 4 Never restrict fluids before bedtime because it keeps bladder capacity small. Extra drinks help the bladder stretch and may encourage dry beds.
- 5 Do not lift and take a child to the toilet during the night. The parent's brain is only bossing the child's sleepy brain; the child's brain has not had a chance to talk to the bladder.
- 6 Make sure the toilet is easy and safe to access during the night and that the child is not frightened to go.
- 7 Encourage your child to take responsibility. A young child could take wet sheets to the laundry. An older child can remake the bed and start the washing machine.
- 8 Avoid sugary and acidic foods, caffeine and "rundown" immune systems. They may make bed-wetting more likely.
- 9 Self-esteem is a key factor in long-term dryness.
- 10 If night wetting persists past the age of five, professional programs are recommended.

Source: *How You Can Be Boss of the Bladder* by Dr Janet Hall (Pennon Publishing, \$16.95).

Look for

- ***Boss of the Bladder* by Dr Janet Hall (Pennon Publishing, \$16.95);** available at Richmond Hill Psychology, ph: 9419 3010 or www.bedwetting.com.au
- **Absorbent bedding:** www.conni.com.au or www.slumberdry.com.au



Pets

Dr Richard Lawrence

A real eye-opener

IF THE situation hadn't been so serious, any number of witty comments could have sprung to mind.

Poor Purdie, a seven-year-old pekinese owned by the Slones, had been involved in an argument with the dog next door. The over-protective collie-cross had picked up Purdie by the scruff of the neck and given her a shake.

It was not done with evil intent, but all peke owners know you should never scruff this breed.

If the loose skin around the head and neck is tugged, it can pull the eyelids back over the eyeballs and pop them out.

This is exactly what had happened to Purdie. Fortunately, Mrs Slone was able to rush her dog to the clinic while her husband phoned ahead — a vital step often forgotten in an emergency.

This was a case where early treatment would directly relate to the outcome. Purdie was anaesthetised within 20 minutes of the fight.

She did look a sight. Both eyeballs were protruding from the sockets. The eyelids were right behind the globe. The technical term is proptosis, but no one was interested in that detail.

Her eyes were gently bathed with normal saline and the dirt and hair gently removed. Then they were lubricated with artificial tears and a small amount of sterile, water-based jelly.

A small cut at the corner of the eyelids enlarged the opening, allowing them to be pulled back over the globes to their right position. Then the incision was closed and the eyelids sutured shut.

The condition is vision-threatening because of damage to the eye and stretching of the optic nerve, but we wouldn't know the result until the stitches came out.

Purdie was given antibiotic and anti-inflammatory medication to minimise damage to the eyes.

We removed two sutures from the

corner of each side 10 days later to get some idea of what was happening. The results were encouraging.

Purdie reacted to bright light and definitely moved her head when a hand was waved in front of it — the so-called "menace" reflex.

The other encouraging sign was that both sides were free of any unpleasant discharges.

Four days later, the remaining sutures came out and it was clear she was going to be OK.

The only sign now of that incident is that she has a squint in her right eye, probably the result of damage to an eyeball muscle.

It doesn't worry her and her owners think it gives her character.

Lonely hearts



HI, MY name is Tulip, and I'm a delightful four-year-old terrier cross who enjoys lots of company and exercise.

If you can care for me, contact **Save-A-Dog**, ph: 9885 1188.