



This is another letter in a series of emails being created to help understand some of the common diagnosis of children within the foster care system.

One diagnosis will be sent each week to help inform you of the various medical needs of the children in foster care.

The term "special needs" is applied to any condition that may make it harder for a child to be adopted. Kids with special needs may have a mental, physical, or psychological problem.

Children in foster care comprise some of our most medically at-risk and vulnerable children.

As the result of various circumstances, including poor prenatal care, maternal substance use, and erratic past medical care, these children may have significant unrecognized or under-treated illnesses, immunization delays, failure to thrive, and dental caries. Mental health concerns secondary to removal from the family unit are also common.

Enuresis

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What is Enuresis?

Enuresis is the medical term for bedwetting, which is the involuntary discharge of urine during sleep for one or more nights per month. Doctors do not even consider a child to have enuresis unless he is older than 6 years, or she is older than 5 years. About three in five children with enuresis are male, and nine in ten children who wet nightly are male.

<http://www.mckenzie-pediatrics.com/shop/images/Bedwetting.pdf>

Enuresis is more widespread than people think. As many as one in five children still wet the bed at least once a month at the age of 5 years. Another source estimates that up to seven million children have nighttime enuresis. The condition decreases as children grow older and in most people it has disappeared by the teen years.

Most children outgrow their bedwetting. However, parents should consult their child's physician if the condition is causing concerns for themselves or the child after the age of 5 or 6. There are several ways the doctor can help, most importantly by ruling out other more serious health problems, such as diabetes or malfunction of the bladder or urinary tract. Doctors also can prescribe treatment plans or medications that curtail if not eliminate nighttime bedwetting.

Bedwetting is defined as "primary" if it has been going on since infancy. It is considered "secondary" if it crops up after six months of a child being dry. Another part of the definition tells whether the condition is nocturnal (nighttime bed wetting) or diurnal (daytime). For most children, enuresis happens at night. It is more prevalent in boys and it may be inherited from one or both parents.

The exact cause of enuresis isn't known, and many factors may contribute to it. Among these is a developmental delay in the central nervous system's influence over bladder control. Another possibility is that bed-wetters do not produce high levels of a hormone that recycles water from the urine back into the bloodstream. As a possible result, too much urine is formed, the bladder gets full, and the child doesn't get the neural message in time to prevent an accidental bedwetting. Another factor may be the deep sleep of children. They simply don't wake up enough to know that they should go to the bathroom.

Whatever the cause of enuresis, parents and caregivers have a special responsibility to avoid allowing the condition to scar a child's psyche. This could cause a lifetime deficit of self-confidence and self-esteem. Although difficult, patience and understanding are the desired response of parents to children who wet the bed. Enuresis has numerous effects on children, most of them adverse. It creates stress with the parents. Family relationships are clouded by the child's shame and guilt. Children who wet the bed often feel fear, worthlessness, anxiety, and even depression. They see themselves as different from others and avoid the possible embarrassment that might occur by staying overnight at another child's house. They may fear visits to relatives or staying in hotels where they may be found out. Overnight school field trips seem out of the question. All these psychological harms are compounded if unsympathetic parents scold, punish, or embarrass the child.

A positive approach by a parent or caregiver would be to seek a physician's examination to ensure there are no medical causes of the condition. After that, a physician may recommend a treatment plan from one or more options.

Developmental delay that is secondary to one of the above risk factors or the result of parental deprivation occurs in about half of all children who are less than age three when they enter foster care.

These include a battery-powered alarm system designed to wake the child at the first few drops of urine. The child must be motivated to make this work, and the device must be used for several months to see an improvement. The alarm is used until the child stays dry for at least two weeks, and some people advocate continued use to "over-learn" the habit of waking to go to the bathroom. This is done by encouraging the child to drink extra fluid to condition the bladder to being fuller than usual.

Physicians may prescribe several medications that suppress enuretic behavior. One of these has become popular in a nasal spray form that reduces the amount of urine created by the kidneys. Medications have side effects and should be used only under a doctor's direction and care. Meanwhile, parents and caregivers can consider measures to help children. These include a daily routine of avoiding consumption of fluids or caffeine before bedtime, making sure the bathroom is accessible and well lit, getting the child up to go to the bathroom at a set time each night, taking the child out of diapers or training pants, requiring the child to take soiled sheets to the laundry room (not as punishment, but as a routine activity), and protecting the child's self-esteem.

Tips for Parents of a Child with Enuresis

- Limit the child's liquids before bedtime
- Make sure he uses the restroom before going to bed
- Wake the child once during the night and walk him to the bathroom to empty his bladder
- Purchase a pad for the bed, which senses moisture and sets off an alarm, alerting the child to use the restroom
- Use diapers or waterproof sheets
- Use a motivational system to reward dry nights and be sure to praise him
- Do not yell at or spank the child for wetting the bed, but do ask him to help clean up the mess

For More Information:

Check out this detailed description of Enuresis:
<http://www.mckenzie-pediatrics.com/shop/images/Bedwetting.pdf>

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