Dry Night Solutions is a joint program between HDIS and NAFC. This program is designed to provide useful, relevant answers to the most common questions about bedwetting. For more information and to order your kit today, call 855-266-1112. When ordering, use promo code: 018000.
YOUR GUIDE TO GOOD NIGHTS AND GREAT MORNINGS
Strategies for Addressing and Treating Adult Bedwetting

If you’re reading this brochure, you already know that bedwetting isn’t only a problem for the young – it’s something that can occur at almost any age, and for a variety of reasons. That’s why we’ve created this guide, to help you understand some of the underlying causes of the condition and identify the treatments that are available.

Fortunately, with the variety of medications, products and behavioral strategies that exist today, there is no reason why anyone should have to wake up wet and uncomfortable. Bedwetting in adults is a lot more common than you might think, and because it’s so prevalent, there are more management options than ever before.

Of course, management is only possible when you seek treatment – and too many people don’t. There are still a lot of us who are uncomfortable discussing bedwetting openly, and that reluctance has caused a great deal of needless suffering. The fact is, bedwetting – known formally as nocturnal enuresis – is a medical condition like any other, and it should be seen and treated that way.

ABOUT ADULT BEDWETTING
Simply put, nocturnal enuresis is the involuntary release of urine during sleep. While that sounds straightforward enough, it shouldn’t be confused with other conditions where you find yourself waking up too frequently to go to the bathroom. These may not technically constitute bedwetting, but they’re concerns in their own right that you should address with your physician. For more information about other bladder control issues, visit the National Association for Continence online at www.NAFC.org, where you’ll find a full library of brochures and additional resources.

“**Yes, I’m 29 and it’s been a lifelong issue for me...**
**I’ve come to accept it and choose to wear protection.**
**It used to get me down, but now I am more comfortable at night.”**

There are two general types of bedwetting, primary enuresis, which is bedwetting that has continued from childhood into adulthood, and secondary enuresis, which occurs later on, after you’ve had a period of at least 6 months with normal bladder control during sleep.

There aren’t many reliable estimates of how many adults suffer from either form of the condition, in part because of people’s reluctance to report on it. However, some surveys have found that approximately 1% to 2% of adults overall experience the disorder -
that's between 2,500,000 and 5,000,000 people. Among nursing home residents, that number may jump to as many as 39%.\(^1\) Regardless of the exact number, physicians who treat these conditions are confident that there are literally millions of Americans who experience some form of bedwetting.

**DO AWAY WITH SHAME**

Despite the fact that bedwetting is a common condition among adults, many people still feel embarrassed discussing it. It's not hard to see why: A wet bed can make many people feel as if they're unable to care for themselves. It can also be humiliating to have to talk with family members, caregivers and physicians about something so personal. Most of us are fine talking about blood, bones, organs and so many other elements of our health, but anything bathroom-related can make us uncomfortable.

*There's no reason to be ashamed.* Nocturnal enuresis is not a personal failure of any sort, and it's not a sign of laziness or weakness. It's a physical condition with physiological roots, and it absolutely can be managed, treated, and in many cases, cured. The first step towards that treatment is to seek out help.

**A REAL IMPACT**

The anxiety and embarrassment associated with nocturnal enuresis can be remarkably powerful – so powerful, in fact, that people would rather suffer silently with the condition than talk about it with others.

Untreated bedwetting can result in some serious consequences:

- **Health Issues** – Don’t assume that bedwetting is the problem itself – it may be a symptom of an even more significant underlying health issue. See the “What Causes Enuresis?” section of this brochure for more details on what these may be.

- **Skin Care** – The skin is a sensitive organ, and prolonged exposure to the acid and moisture of urine can be very damaging. Ongoing bedwetting can be responsible for the creation of sores, infection and worse.

- **Emotional well-being** – The psychological stress that comes with bedwetting can be hard for many people to handle. There is often a loss of self-esteem associated with enuresis – and that’s especially true in the elderly population, who already have a higher rates of depression than the general population.

- **Lifestyle Limitations** – The fear of wetting the bed keeps many sufferers from ever traveling beyond their home – no vacations, no family visits, no business trips.

- **Strained Relationships** – Bedwetting can put enormous pressure between spouses, family members and caregivers. Those with the condition are often deeply ashamed of their inability to control themselves, while those around them can find themselves feeling...
frustrated, angry and resentful. These feelings may not be rational and they’re nothing that anybody is proud of, but we’re all human and we have human reactions.

- **Added effort and expense** – The amount of additional effort and expense that go into housekeeping can be considerable when dealing with wet beds. Sheets and clothing need to be laundered more often than they otherwise might be – and mattress replacement can be a major expense.

**WHAT CAUSES ENURESIS?**

Bedwetting is not always a chronic, ongoing problem. One-time accidents can and do occur, most frequently following extreme events – for example, after a night of high alcohol consumption or during a period of severe stress. These temporary conditions cause a failure in the body’s restraint mechanism, and the result is an involuntary discharge of urine. While unpleasant, this isn’t something that usually sends people to the doctor.

Where the condition becomes a real problem is when the episodes become more frequent. Here are some of the most common causes of ongoing enuresis, whether it’s nightly, every few nights or less-often, but still regular:

**Hormonal** – While you sleep, your body produces a hormone called ADH, which is responsible for slowing down the kidney’s production of urine. If you don’t produce enough of this, it can result in episodes of bedwetting. This is especially true for people with diabetes, since lower ADH production is a symptom of the disease.

**Neurological** – When your bladder is full, it sends a signal to the brain that it’s time to go to the bathroom. In some people with smaller bladder capacity, there may be a disconnect between how much urine their bladder holds and how the brain is signaled. People with overactive bladder may be particularly susceptible, as can those with multiple sclerosis, spinal cord injury and other nerve disorders.

**Anatomical & Physiological** – There are a number of medical conditions that can result in enuresis, and many of these can be serious health matters in their own right. They include urinary tract infections, urinary tract stones, enlarged prostate, bladder cancer and prostate cancer, among others.

“I’m 56 years old and had a prostatectomy – the doctors let me know I’d have bladder leakage issues. Using absorbent briefs helped prevent it from becoming an issue for me at work or at home – I now have my confidence back.”
Medication-related – Certain drugs can result in bedwetting as a side effect, including psychiatric medications such as Thioridazine, Clozapine and Risperidone. Diuretics like Hydrochlorothiazide (HCTZ) can also contribute to bedwetting because they help rid the body of fluid. And today’s strong sleeping pills can make it harder for people to wake up when they’re ready to go to the bathroom.

Diet-related – The two biggest culprits when it comes to diet are alcohol and caffeine. Caffeine is a diuretic, so it can increase the production of urine. Alcohol is also a powerful diuretic as well as a depressant, so you don’t only produce more fluid, you can also sleep so deeply that you don’t recognize when you have to go.

Stress-related – Less commonly, significant emotional trauma can produce episodes of bedwetting. For example, some emotionally traumatized combat veterans report that a symptom of PTSD includes enuresis.

TREATEMENT STRATEGIES
The good news is that there is a wonderful range of treatment options available for people who suffer with enuresis – enough, in fact, that virtually everyone can wake up dry. In many cases, that simply means finding products that are effective in wicking away moisture and locking it in, so it stays away from the body and the bedding. In other cases, medications may be helpful, along with certain lifestyle and dietary changes. Rest assured, there is almost certainly something that’s right for you.

ABSORBENT PRODUCTS
The first step that people often take to address their enuresis is to use an absorbent product. It’s a great approach for many, but it’s important that you choose the right product or your results could be very disappointing.

Make sure to select an item that’s appropriate for your size, your shape and the amount of urine you typically release at night. Because there are so many types of products available, and each of them may vary by size, liquid capacity and more, it may take several tries to find something that works for you. Don’t get discouraged. It’s not unheard of to try 5 to 6 different products before finding the right one. Some suppliers offer sample packs that contain a variety of products so you can try them without having to purchase full packages of each one.

No matter what you decide on – underwear or pads, with light, moderate or heavy protection – make sure that you choose a product with a reliably absorbent core. That way, moisture is drawn from your skin and kept off the bedsheets, so there’s less irritation and no mess in the morning to worry about.

Also note that maxi-pads are not recommended for nighttime urine absorption - day or night. They typically contain plastic backing or barriers that actually push out moisture, and that may keep you or the bed wet.

The NAFC Absorbent Product Guide is available for more details at www.nafc.org
Finally, some people feel more confident when using a mattress pad or
underpad. These can be excellent additional products to consider, but use
them in coordination with absorbent underwear or pads – you’ll generally
be far more comfortable, and you’ll be doing a better job protecting your
skin from irritation or worse.

Refer to the NAFC Absorbent Products
Guide for more details and a comprehensive
list of available products.

MEDICATIONS
There are medications available that may
help some people control their enuresis.
These include DDAVP, also known as
Desmopressin, which is a manufactured form of a naturally occurring
hormone that works as an anti-diuretic. It actually decreases urine volume
and helps control frequent urination and thirst. Other medications include
Tofranil, an antidepressant that also has a relaxing effect on the bladder,
along with Ditropan and Levsin, which reduce bladder contractions.

BEHAVIORAL STRATEGIES
There are a few simple strategies that may make a big difference for you.
Begin by setting a routine, making sure that you urinate every one to two
hours during the day. You’ll also want to make sure you empty your bladder
as completely as possible before bedtime, even if you don’t quite feel the
need to go. Then try setting a nighttime alarm that wakes you in the middle
of the night to go to the bathroom.

ELIMINATING CONTRIBUTING
FACTORS
You’ll want to make sure that you’re
controlling as many potential
contributing factors as you can. That
includes:

Medications – Review your current
medications with your physician to
see if any of them may play a role
in your condition. There may be
alternative medications available
that have fewer side effects, and you
may be able to change your schedule
so you take medications when
they’re less likely to cause nighttime
problems.

Fluid Management – This is not simply a matter of ‘drinking less.’ You
will want to remain properly hydrated but not consume so much that
it will contribute to bedwetting. That means understanding how much
you ought to be drinking and being aware of when you’re drinking.
You’ll also want to limit your caffeine and alcohol intake, especially in
the evenings.
Keeping a Diary – Speaking of scheduling, many people find that keeping track of bedwetting episodes, fluid intake and other factors can be very helpful in the treatment process, since you can see trends as they develop over time. You can download your free bedwetting diary at www.NAFC.org/bedwetting-diary.

FINDING HELP

There’s never a better time than right now to start doing something about a bedwetting problem. There are thousands and thousands of physicians and other medical professionals across the country who can help you evaluate your condition and identify approaches that are likely to do the most good.

And don’t be shy about it, either. This is a condition that affects countless people across America, so you can be certain that a qualified physician has seen it all before. If you don’t already have a general practitioner who can refer you to a specialist, you can find one online at www.NAFC.org/find-a-doctor.

When you go, you’ll discover that there’s no shame in bedwetting. You’ll probably be asked to take a few tests, including a physical examination, urine tests, urologic exams and perhaps a neurological evaluation. Your physician will do a thorough job to make sure that the root causes of your condition are identified, and you’ll be pleased to discover all the solutions that are available to make every night a dry night.

This is a condition that effects countless people across America

To help you have the most productive conversation possible with your physician, please refer to the NAFC’s “How to Talk with Your Doctor About Bedwetting” guide.

Finding a Physician

To find a healthcare provider near you, visit the National Association For Continence’s online physician finder at specialists.nafc.org.
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