



The Night Shift

Exploring the Causes, Treatment, and Emotional Toll of Nocturnal Enuresis

By Brian Justice

Although generally not a serious health issue, nocturnal enuresis (NE), also known as *bedwetting*, can be upsetting for children who experience it after a certain age. In the United States, approximately 5 to 7 million children experience bedwetting.¹ However, NE can have a disproportionate and disruptive impact on a child and their family. Ongoing bedwetting ranks among the most distressing experiences in childhood.¹ That makes understanding NE and how to deal with it crucial for health care professionals at every level.

Most children stop wetting the bed by the time they are 5 years old, but reliably dry nights come later for over 10% of 6-year-olds and 5% of 10-year-olds. Up to 1% of teenagers and young adults even experience NE.² And, for reasons that people do not fully understand, boys are affected at roughly twice the rate of girls.³

Wake-Up Call

Causes of NE may include underdeveloped bladder capacity, overproduction of urine at night, genetic predisposition, sleep disorders, and hormonal imbalances such as low nighttime production of antidiuretic hormone, which normally reduces urine output during sleep, or a family history of enuresis.^{1,2}

NE is categorized into two types:

- **Primary nocturnal enuresis** occurs in children who have never experienced consistently dry nights since potty training.
- **Secondary nocturnal enuresis** occurs when a child who has been dry for six months or more starts bedwetting again, often due to triggers like constipation, neurological conditions, or emotional distress.²

“I see it most often in children between the ages of 5 and 10,” says Latasha Ladd, MEd, BHCM, CMA (AAMA), the medical assistant program director at South University in

Columbia, South Carolina. “Caregivers often worry that the bedwetting is their fault or that something is seriously wrong with their child. They also ask how long it will last and what they can do at home.”

In the Dark

“We consider whether there’s any structural, neurologic, or physiologic contributor to the child’s bedwetting,” says Ryan Egan, PhD, a clinical psychologist in Durham, North Carolina. “That might involve a urinalysis or even bladder imaging, depending on the symptoms.”

A clinician exploring the underlying causes of NE will generally do the following³:

- Conduct a physical examination.
- Discuss symptoms, fluid intake, family history, bowel and bladder habits, and problems associated with the child’s bedwetting.
- Perform urine tests to detect signs of infection or diabetes.

- Order imaging tests of the kidneys or bladder.

Mental health tends to be an issue among children with NE, with 20% to 30% of them having at least one mental health condition, twice the rate of their peers. Other conditions, such as attention-deficit/hyperactivity disorder, autism spectrum disorder, and mood disorders, are frequently linked. These are not believed to cause NE; they simply accompany it. However, the emotional responses to bedwetting, primarily shame and frustration, can contribute to anxiety and depression, which in turn can make NE even more persistent.⁴

“Psychological factors, like family and social stress, contribute to enuresis,” agrees Sadi Fox, PhD, a licensed psychologist and CEO of Flourish Psychology in Brooklyn, New York. “Developmental disorders are also common comorbidities that exacerbate it.”

Dream Up a Plan

“We often refer patients to behavioral health if stress, anxiety, or trauma might be contributing to the bedwetting,” says Ladd.

Behavioral strategies include moisture alarms, which are widely considered the most effective treatment option and can condition the child to wake up before urinating. It may take up to three months to see results, but they can offer a better long-term solution than pharmaceuticals.³

“Moisture alarms are the most effective first-line treatment. They’re safe, drug-free, and help a child build the brain-bladder connection,” says Dr. Egan, who also emphasizes that biological factors play a role. “Underdeveloped musculature and reflexes in the groin that help control the flow of urine are often associated with bedwetting, and the maturity of those muscles is highly heritable.”

Doze It Affect Adults?

An estimated 5 million adults in the United States experience nocturnal enuresis, also known as *adult bedwetting*.⁴ It is a sensitive topic, so understanding that it is a medical condition is crucial. “It can be more emotionally difficult for adults,” says Ladd. “So, we approach it with extra sensitivity and privacy and often look for the underlying medical causes.”

Adult bedwetting differs from childhood enuresis in both cause and complexity. Genetics can play a role. Just as in children, those with a family history of bedwetting are at greater risk, but adult-onset enuresis is more often associated with health issues.⁵

Hormonal imbalance is one common cause. The antidiuretic hormone regulates urine production at night; however, if the body does not produce enough or if the kidneys do not properly respond, excess urine may accumulate, leading to nighttime accidents. This condition, known as *nocturnal polyuria*, may also be associated with type 1 diabetes.⁵

Bladder-related issues are another contributing factor. These include a reduced functional bladder capacity or overactive detrusor muscles that cause the bladder to contract prematurely. Such overactivity is observed in up to 80% of adults who experience bedwetting. Common bladder irritants, such as caffeine, alcohol, and spicy or acidic foods, can exacerbate symptoms.⁵

Other causes include urinary tract infections, side effects from medications (especially psychiatric or sleep aids), stress, and serious conditions such as prostate enlargement, pelvic organ prolapse, or obstructive sleep apnea.⁵

Fortunately, adult bedwetting is treatable. Depending on the cause, treatment options may include fluid management, bladder training, pelvic floor exercises, medication, or addressing related health issues. Keeping a bladder diary can help track symptoms and identify triggers.⁵

Medication may be considered if alarms and behavioral changes fail to help. Desmopressin is a common option that works by reducing the amount of urine produced at night. When it works, it works well, can be used privately, boosts confidence, and is also covered by most health plans.²

“Desmopressin can be effective for some children,” says Dr. Egan, “but we use it judiciously. It’s not a cure.”

Other medications, such as oxybutynin, are helpful if daytime wetting also occurs; however, physicians generally only recommend them when other treatments have failed.³

Lifestyle changes can help too. Limiting fluids in the evening, avoiding caffeine, and encouraging children to use the toilet

right before bed can help.³ Engaging the child in their own treatment is also a good tactic. Decide on a date with them to begin, keep a calendar to monitor progress, and offer rewards for even the smallest gains.²

“Behavioral approaches are the best practice for young children,” says Dr. Fox. “Education, normalization of feelings, and being open with communication between the child and parents [are] helpful.”

Rest Assured

While nocturnal enuresis can be a source of stress for families, it is both a common and manageable condition. A compassionate and open-minded approach will help most children overcome bedwetting and regain confidence. Open communication, proper evaluation, and consistent support from caregivers and health care providers are key to helping children feel confident and stay dry through the night. ♦

References

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