

National
Organization of
Mothers
Of
Twins
Clubs, Inc.

SUBJECT:
RESEARCHER:

Bedwetting
National Organization of Mothers of Twins Clubs, Inc.

DATE:

July 2006 – Dec. 2006

PURPOSE: To explore potential causes, frequency, and management of nocturnal enuresis (bedwetting) in multiple birth children.

METHOD: Surveys were completed by a parent of multiples whose multiple birth child (children) had experienced nocturnal enuresis (or bedwetting). Surveys were placed in NOMOTC's *Notebook* and in National Mailings.

BACKGROUND INFORMATION

A total of 41 surveys were completed by parents of multiples who were bedwetters.

1. Types of multiples: Twins – 39 sets (95.1%); Triplets – 2 sets (4.9%)
2. Zygoty of multiples: Identical or Monozygotic – 8 (19.5%); Fraternal or Dizygotic – 28 (68.3%); Unknown – 3 (7.3%)
3. Gender of multiples: Boys – 17 (41.5%); Girls – 16 (39%); Both 6 (14.6%)

RESULTS

1. In eleven of the sets of twins (26.8%), both children experienced difficulty during the potty-training stages. Forty percent of these were identical twin pairs. In ten of the sets of twins, only one child had difficulty. In both of the sets of triplets, at least one child had difficulty during potty-training.
2. Most of the parents (46.2%) started daytime potty training when the multiples were between 2-3 years old; 23.1% started before 2 years; 10.3% started at 2 years; 15.4% started at 3 years; and 5.1% started between 3-4 years.
3. The majority of the parents (60.5%) did not stop potty training to try again at a later date; 2.6% stopped before 2 years; 7.9% stopped at 2 years; 13.2% stopped at 2-3 years; 13.2% stopped at 3 years; and 2.6% stopped between 3-4 years.
4. Thirteen parents (32.5%) said that daytime potty training was successful between 3-4 years of age; 1 was successful before age 2; 1 was successful at age 2; 12 were successful between 2-3 years; 11 were successful at 3 years; and 2 were successful at 4 years or later.
5. Fifteen of the multiple sets (38.5%) stayed dry during naptime when daytime potty training was successful: six were dry 1-6 months later; 4 were dry 6-12 months later; and 3 were dry 2 years later.
6. Twenty three of the multiple sets (57.5%) were potty trained prior to the start of bedwetting.
7. In 18 of the multiple sets (43.9%), the boy had experienced bedwetting; and in 15 of the sets (36.6%), it was the girl. In 8 of the sets (19.5%), a boy and a girl were bedwetters.
8. About one-third (31.7%) of the parents said their child wet the bed nightly; 24.4% happened 5-6 times/week; 9.8% happened 3-4 times/week; 24.4% happened 1-2 times/week; and 4.9% happened once a month.
9. Fifteen parents had singleton children in addition to the multiples. 53.3 % said that their singletons did NOT wet the bed, while the remained had singleton bedwetters.

10. Family history of bedwetting was positive in 8 of the moms (21.1%), and 7 of the dads (18.4%). Three sets of parents had a positive history in BOTH of their families (7.9%).
11. In the majority of families (85%), there was no physical or emotional trauma that preceded the onset of the bedwetting. In 5 families (12.5%), there was a trauma preceding the onset of bedwetting. In 100% of the cases, the trauma was emotional in nature.
12. Twenty-one families (51.1%) consulted a physician about the bedwetting. In only 20% of the families, there was a medical condition causing the bedwetting.
13. Treatments recommended by physicians included:
 - a) Desmopressin (4 children)
 - b) Imipramine (3 children)
 - c) Alarm device (8 children)
 - d) Testing for urological or neurological disorder (3 children)
 - e) Combination of the above (1 child)
 - f) No treatment recommended (9 children) – 42.9%
14. Six out of 15 children (40%) had their bedwetting ended by using the physician's recommended treatment. Only 35% of the physicians offered the parents educational materials about bedwetting, mainly pamphlets. Twenty-two of the parents (53.7%) sought additional education on bedwetting, mainly from the Internet.
15. In only one of the cases, the bedwetting was found to be a side effect of a medication being taken for another health problem. The physician didn't recommend discontinuing the causative medicine.
16. Twelve of the children (30%) experienced social ramifications associated with the bedwetting. The most common was embarrassment (84.6%), followed by frustration (69.2%), teasing from peers (23.1%), acting out physically (15.4%), and isolation from peers (7.7%).
17. Only one child required counseling while experiencing bedwetting.
18. Communication was thought to be the most helpful method by parents to help their child cope with bedwetting (40.5%). Affection (13.5%) and education (5.4%) were also helpful.
19. Bedwetting stopped at the following ages:
 - a) 2-4 years (12.5%)
 - b) 5-6 years (10%)
 - c) 7-9 years (25%)
 - d) 10-12 years (2.5%)
 - e) Ongoing (57.5%)
20. The bedwetting lasted for:
 - a) < 6 months (11.1%)
 - b) 6-12 mos. (14.8%)
 - c) 1-2 years (14.8%)
 - d) 3-4 years (33.3%)
 - e) 5-6 years (3.7%)
 - f) 7-8 years (3.7%)
 - g) > 8 years (18.5%)

CONCLUSIONS:

1. Bedwetting is a common occurrence in childhood.
2. It does have a genetic component and is seen slightly more in male children.

3. Bedwetting can be related to some kind of physical or emotional trauma.
4. Most children don't require treatment by a physician or need medication.
5. Communication, affection, and education in the family are most helpful to children experiencing bedwetting.