Bedwetting Alarms

Using an alarm reduces bedwetting in about two thirds of children during treatment, and about half the children remain dry after stopping using the alarm.

A bedwetting alarm is a device that wakes a child who wets the bed. There are various types. For example, the mini or body-worn alarm has a sensor which is worn in the pyjamas or pants. The sensor is linked to an alarm (bell or vibration alarm). If the sensor gets wet, it immediately activates the alarm. The pad and bell is similar but the sensor pad is put under your child.

How do bedwetting alarms work?

The sensors are usually so sensitive that the alarm goes off as soon as your child starts to wet (pass urine). This wakes your child, who then stops passing urine. Your child should then get up and finish off in the toilet. This conditions your child to wake up and go to the toilet if he or she starts (or is about to start) to wet the bed. In time, your child is conditioned to wake when his or her bladder is full (before wetting begins), or learns to sleep through the night without wetting the bed.

Where can I get an alarm?

Your local continence advisor will be able to lend you a device. (There may be a waiting list in some areas.) They will also give instructions on how to use it. Ask your doctor or practice nurse how to contact your local continence advisor. Alternatively, you may wish to buy one. ERIC (see below) has details on devices available.

How is the alarm used?

Your continence advisor, or the instructions provided with the alarm, will explain exactly where to place your alarm. There are different types, which are placed differently. Make sure you know exactly how the alarm works. Use it every night until your child has had at least 14 consecutive dry nights. On average, 3-5 months is needed for this.

At first it may be best for an adult to sleep in the same room as your child. The adult can get up with the child, as it might be frightening when the alarm goes off. However, when your child gets used to the alarm, he or she should take responsibility for getting up when the alarm goes off. In time, your child should also be given responsibility for re-setting the alarm after getting up, and for changing any wet sheets or bedding.

Some possible problems when using bedwetting alarms

- Sometimes your child just turns off the alarm and goes back to sleep. With some alarms you can place the alarm out of reach so your child needs to get out of bed to switch it off.
- Beware of batteries running low.
- False alarms sometimes occur if your child sweats a lot at night.
- Sometimes everyone else in the home wakes up but not your child! This is unusual. If it happens, wake your child so that he or she switches off the alarm.
How successful are bedwetting alarms?

In children who are old enough to understand (from the age of around 7 years and above) and who are happy to do this treatment, there is a good chance of a cure. This means more than 14 continuous dry nights within 3-5 months of starting to use the alarm. Alarms are not usually used in children aged under 7 years. However, some children aged between 5 and 7 years may be capable of using them.

Clinical trials and reviews have found alarms to be the most effective treatment for bedwetting.

Following an initial successful treatment, the bedwetting may return (relapse) at some point after treatment stops. If this occurs, a second course of alarm treatment will often work.

Tips for success

Success is more likely in well-motivated children. Motivation is helped by giving your child responsibility for the system, and praising your child for signs of progress.

Complete dry nights do not usually occur straightaway. It takes time to gradually condition your child and their bladder. Signs of progress may include:

- Your child waking and getting up when the alarm sounds.
- Smaller wet patches.
- The alarm going off later in the night or less frequently.
- A dry night.

You should not punish your child if there is no success. If there has been no response at all with the alarm after four weeks then it is unlikely to work for your child. You should see your continence advisor or GP if there have been no signs of progress after a few weeks or so. It is important to keep up contact with the advisor or GP every few weeks during the treatment period. Any problems or adjustments to the treatment programme can be discussed.

The alarms are usually used until your child has 14 dry nights and then they can be stopped. If your child relapses in the future then it may be worthwhile starting again with the alarm.

Alarms can be used with other treatments - for example, the medication desmopressin or with rewards. They can also be used when these other treatments do not work.
Further reading & references

- Bedwetting in under 19s; NICE Clinical Guideline (October 2010)
- Bedwetting (enuresis); NICE CKS, October 2014 (UK access only)

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