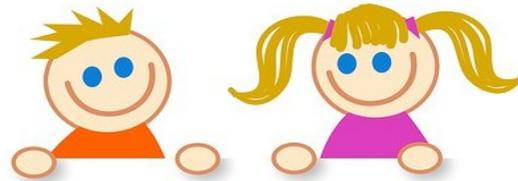




DryKids
Canada
EndBedWetting.Org

End Bed Wetting age 6 to adult



Every child wants to be dry
Every child CAN be dry.



Introduction:

I've been learning, researching, and applying the best techniques to end bed wetting for over ten years since working with one of the expensive U.S. 'enuresis consulting' firms, and taking courses from Chicago Memorial Children's Hospital. In years of research I've found a few reliable sources, and learned much more by being in close touch with hundreds of families.

There are literally thousands of 'experts' on bed wetting and over the years I've used a quick test to sort out the wheat from the chaff:

If someone writes "restrict water", "small bladder", or "there's a drug.." don't bother reading further.



"Restrict Water!" "She'll outgrow it!"



Water is the medicine for enuresis

Will the "DryKids" method work for you? For best results three conditions have to be present:

- An otherwise healthy child
- A child who wants to be dry
- Parents who are both involved

A healthy child: 'DryKids' will work to help children as young as three and as old as thirty years. The first section describes medical problems that might complicate the process, or cause the wetting.

A child who wants to be dry: Young children, age three and four, need passive treatment which doesn't require motivation. But after age 5 a child's emotions kick in, they realize they aren't "normal", and we have different treatments for various stages of growth and understanding.

Parents who help: if you've read this far, then you qualify! Parents have to be willing to do a little work, but it's less work than washing the sheets!

I welcome your comments and I'm always ready to help by email. If you happen to live in Southern Ontario, be sure to visit my web site because my services are cheaper than pull-ups!

DryKids founder Peter Grise



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4 Steps to Dry

Introduction:

1. Introduction for parents
2. Introduction for kids
3. Is your child ready to do this? Are YOU ready?
4. Why Me? Simple vs Complicated Enuresis
5. Eliminate medical issues
6. About Behaviour Modification
7. How we Learn during Sleep
8. Enuresis Alarms, if necessary
9. Water, the medication for bed wetting

Further chapters of the DryKids Manual that are included in Coaching programs:
(you didn't expect us to give away all our secrets did you?)

4 Steps to Dry

Determine the Causes / Learn to Feel it / Learn to Hold it

A: Determine the Causes: checklist

B: Set up the appropriate remedies

1. Choosing an Alarm
2. Bladder / Bowel diets
3. Visualization Exercises
4. Waking up Rehearsals
5. Recording on Charts
6. Motivating your child
7. Bladder Exercises
8. Rewards
9. Alternate Scripts

C. How to control ADHD and be "Boss of My Bladder"

INTRODUCTION:

You've probably browsed the "bed wetting" web sites and read a book or two on this topic, and you found that all of them seem very similar, offering the same unhelpful advice, but actual practical instruction is rather scarce. The problem with bed wetting bed wetting is that everyone's an expert!

Books are written by parents, hypnotists, chiropractors and doctors who helped one child to get dry, so they believe that their method will work for everyone. And the internet? It's cluttered with unhelpful advice.

Good remedies are out there; they've been and used for several decades. These methods are usually kept secret, because the experts like to look good when they get results and of course, if everyone knew the proper remedies then they'd be out of business! I'm retiring from the 'enuresis' business and I'm ready to share. Here's the first lesson: If a therapist, web site or book suggests restricting water or using drugs, he's not an expert.

I'm an 'Enuresis Coach'. I've taught hundreds of children (and teens, adults too) to get over bed wetting and I'm very disappointed everything that's written. They are all the same, and they are all quite useless, and some of them are actually harmful. I can't help even a small portion of the thousands of children who need help, so I've written this e-book to make this information more widely available.

The available books preach two approaches to fixing bed wetting : the medical approach, and the supportive approach. You have probably noticed that 'supportive' is always: be nice, be supportive, be patient, use charts, restrict water. That approach is OK for most kids, who have only 'simple' enuresis.

The 'medical' approach can involve tests and drugs, because doctors tend to look for organic causes, but organic causes (infection, diabetes etc.) are actually quite rare. However, the real experts in hospital clinics and consulting companies say that enuresis is a multi-causal condition that can be best treated by a multi-modal program. They use several methods simultaneously to address all of the possible causes: diet, habit modification, motivation, guided imagery – but they all agree that "behavioral modification" is the by far the most successful technique to fix bed wetting. And behavioral modification is just advanced potty training.

Simple enuresis (the common situation, when a child of three to five years old is ready to be dry all night) can usually be fixed with any method that gives the child some attention. In fact, most Moms do the right thing instinctually by removing the pull-ups and asking their child to try to be dry while they sleep. But if that doesn't work, it may be that the child has 'complicated enuresis'. Complicated enuresis requires three or four simultaneous treatments because it has three or four simultaneous causes.

Hopefully a few family doctors will read this book and pass on the various techniques to their patients. I think of doctors as the *hardware* guys, while psychologists and behavioral consultants like me are *software* guys. My favorite clients are family doctors because they know when to refer to a specialist.



"Hi Peter,

*Just wanted to let you know how well Julia's doing - 12 nights dry! She's so happy and we're so appreciative of your help. I think you know what a relief this is. I think you also know that **we doctors** are trained in "traditional medicine" and to take the leap of faith and say that this is NOT a problem that can be solved by traditional medicine was one I was happy to make - as a mother." **Dr. Sharon K.** Toronto (3 weeks on the DryKids program)*

About the ADH hormone:

If you were to google the term "ADH" or 'anti diuretic hormone', you'll find that many doctors believe that bed wetting is the result of a lack of Vasopressin, the hormone that instructs your kidneys to make less urine at night. They then prescribe Desmopressin, which is synthetic substitute. But isn't it better to simply teach the child how to produce their own drug like we do? The goal of a multi-modal remedy for bed wetting is to remove the barriers preventing the child from triggering this hormone while still asleep.

Bed wetting seems to be the result of circumstances at age three or four that caused the child to have discomfort during sleep, so he never learned to 'hold it'.

The best treatments address all of the common causes of bed wetting:

- Deep Sleep: treated with behavioral modification
- Food Sensitivities: treated with the Happy Bladder Diet
- Constipation: treated with the Happy Bowel regimen
- Genetics: treated with awareness and overlearning

Remedies used to lead the child through various stages:

- First, learn to sleep more restfully, but lightly
- Next learn to wake up when wet
- Then learn to wake up before wetting
- Finally, learn to sleep all night without wetting

Virtually every parent that I meet in my Consulting practice tells me the same story:

- My child is a heavy sleeper
- He/she wears pull-ups
- He/she wets the pull-ups and often goes so much that the sheets are wet too.
- He will never hear an alarm or feel a bladder signal.
-

In response, I smile and teach the child to do wake up dry! Generally within three or four days, the child is behaving differently.

- The child goes to bed without a pull-up
- The child drinks a big glass of water before bed.
- Soon the child will get up at 11pm with slightly wet underwear, but dry sheets, and go to the bathroom.
- The sheets never get wet again, without pull-ups being used!
-

In some cases the bed wetting will stop simply because the child learns that it is possible to fix his bed wetting habit. He already knows that Mom can't help, she's been trying without success for years. That's where a Coach comes in. This email came one day, in response to a phone conversation with a parent and his child:

"Dear Peter:

I wanted to drop you a quick note. You were very generous several months ago with free advice on the phone and encouragement about our intuition to "normalize" the situation a bit after reading your web pages. I am happy to report near flawless dry mornings since we spoke. Currently I can't even remember when the last wet morning was. This includes a recent hotel trip to Ottawa. Reilly is very proud. He goes to bed confident of success and without any worry of "disappointing" us should a different outcome occur. Sir, you have my sincere gratitude for your caring, expert guidance, and generosity in this chapter of our family's journey.

Kind Regards, David P."

Not every child is going to get dry overnight; the average child following the 4Steps program is completely over bed wetting in six weeks or less, and is encouraged from the very first night with a better quality of sleep.

Wait to outgrow it? When they say "he'll outgrow it" then they will be right 90% of the time. Unfortunately that doesn't help the thousands of children who don't outgrow it by age eight, ten or fifteen. Meanwhile the child fears sleepovers, camp, college.

Restricting water? Restricting water doesn't help at all, but more water often helps. Restricting water can lead to dehydration – headaches, etc. Restricting water can contribute to constipation, which worsens bed wetting. And many children go too far, by restricting water during the day too. In fact we recommend Water Gulping, a program of hydration that strengthens the bladder and sphincter to help end bed wetting.

Lifting? Taking a sleepy child to the toilet at night will work for Mom, you get dry sheets, but it just

prolongs the real problem.

Alarms? Many of our clients have tried alarm clocks and bedwetting alarms; they usually give up after a week or two. Any single method has a small chance of success because bedwetting always has two or three causes that must be addressed. Alarms generally have incomplete instructions and unnecessary features; in fact some alarms on the market do more harm than good, because they are badly designed.

Drugs? The drugs commonly used: DDAVP and Tofranil (Imipramine): these drugs can relieve bedwetting for a few days, but they only relieve the symptoms. If used for a week or two once every six months, DDAVP might coincide with a time when the child was going to outgrow it anyway and just needs to be dry for a while to regain confidence. Extreme care should be taken to follow the directions and warnings. Ditropan (Oxybutynin) can help for children over 13, if used in conjunction with other methods. It calms a 'nervous' bladder.

Medical Tests? Some doctors do further testing if a parent is insistent, but doctors can only approach the problem from a physical perspective. In fact, all the experts agree that organic causes are as infrequent as 1% amongst enuretics. Ask yourself - if there is no wetting problem in daytime, can there be a medical problem present? See our "test" page to check for some of the common medical issues that can cause enuresis.

Things that actually do work:



If your child is under age six ... and doesn't wet during the day, then you can try simple remedies like water gulping, bladder attention, and guided imagery but first, answer the questions on our 'medical self-test' page to rule out the possibility of a medical problem.

After age six ... more elaborate strategies are usually necessary. At this point the child has reached the age of reason, when he/she is probably involved emotionally in the bedwetting problem, and would be very motivated to fix it. Use a multi-modal approach to fix the most common causes.

Related issues: sleep apnea, ADHD, Night Terrors, Snoring:

These are a few of the sleep issues related to bed wetting, which are sometimes relieved by treating the deep sleep that accompanies bed wetting. For some children, waking up wet every morning causes anxiety, which affects their sleep - these kids just don't like going to bed, so a circle of anxiety / improper sleep / anxiety results. What appears to be mild ADHD can improve, daytime performance and attention in school improves too, as a result of sleep training. Why? Drybed training improves sleep patterns, which increases REM sleep.

Causes contributing to enuresis:

- Stress
- Emotional trauma
- Physical trauma
- Diabetes
- Sugar
- Food Colorings
- Having a younger sister!
- Fear of the dark

Anxiety: the circle of stress:

Learning to be dry at night is a normal part of growing up. It's simply the last step in potty training. The four steps of potty training are:

- Learning to control the bladder, in daytime
- Learning to control the bowels in daytime
- Learning to control the bowels at night
- Learning to control the bladder all night.
-

This last step can be delayed by a number of factors that might exist for the child at age three to five. If the child doesn't outgrow it normally then frustration, stress and embarrassment come into play, often resulting in what we call the "circle of stress" that prolongs night wetting:

A child wakes up unhappy with being wet once again. He/she goes to bed that night reluctantly, knowing that it will happen again. Mom can't help, she's tried everything. The child goes to sleep unhappy, and wets, and wakes up unhappy...

The 'circle of stress' may be alleviated with DDAVP to give the child a holiday from wetting. Then once the cycle is broken, the wetting might not return, but most doctors are wary of recommending drugs. The side effects can be serious if left in reach of small children, because an overdose can be fatal.

Emotional trauma

More frequent as a cause of bed wetting amongst girls than boys, a series of traumatic events over

a short period can cause restless sleep, which can hinder feeling the bladder signal.

Physical trauma

More common as a cause for girls, a fall or car accident seems to cause a girl to start bed wetting again after a year or two of being dry. This is called 'secondary bed wetting'.

Diabetes – infections

Diabetes is usually obvious, when a child always wants water during the night. Infections may cause burning or pain. See our 'medical checklist' for indications of a problem; medical issues as a cause of bed wetting are quite rare.

Sugar – chocolate – caffeine

Avoiding these problem foods is a necessity for at least a few weeks, to overcome bed wetting. A problem with sugar may be indicated if a girl has daytime accidents.

Food colorings

Yellow food dye, on most labels as 'tartrazine', has been linked to hyperactivity in children for more than 30 years. It can cause rashes, hay fever, breathing problems, blotches on skin, anxiety etc. If you are pregnant, avoid it like the plague. It can also show up in combination, as a green dye.

A younger sister arrives

I find that a high percentage of bed wetting boys have a sister approximately three years younger. Perhaps Mom's attention was distracted at bed time, when the little boy would be at an age to start getting dry.

Fear of the dark

Fear of the dark is an atavistic tendency, going back to a time when we lived in tents and caves. Back then, it was a very good thing. Today most children do worry about 'monsters' until they realize that Mom and Dad are nearby, but meanwhile it can disturb sleep or cause a child to simply avoid going to the bathroom. Every bed wetter should have a night-light.

9 Food Additives That May Affect Children's Behaviour

Most studies of food dyes analyzed blends of additives, not single ingredients, making it difficult to find a culprit however, here's a list of additives that aggravate attention problems, although none (with the exception of Yellow No. 5) has been studied alone in humans.

Help your child to get dry faster and with more certainty by avoiding food dyes which might upset a child's system. It seems to take very little disturbance to influence a child's sleep, and improper sleep can affect daytime performance in ADHD-like behaviours.

Yellow No. 5
Frequently included on labels as “tartrazine”



What it is: Yellow NO. 5 is the only food dye that has been tested alone and not simply as part of a mix. The studies consistently link to hyperactivity. It is the second most commonly used food dye.
Where you can find it: Nabisco Cheese products; Frito-Lay products; Huntley's Snack Pack Puddings; Lucky Charms; EGGO WAFFLES; some Pop Tart products; various Kraft macaroni and cheese products; Betty Crocker Hamburger Helper....

Red No. 3



Also known as: Carmoisine

What it is: A food coloring found only in a few types of food products

Where you can find it: Candy, cake icing, chewing gum

Sodium benzoate

What it is: A food preservative



Where you can find it: Fruit juice, carbonated beverages, and pickles

You'll find sodium benzoate in abundance in acidic foods. It is used to stymie the growth of microorganisms, according to the Center for Science in the Public Interest (CSPI).

Red No. 40

Also known as: Allura red

What it is: A food coloring and the most widely used food dye in the U.S., trumping both Yellow No. 5 and Yellow No. 6.



Yellow No. 6

Also known as : Sunset Yellow

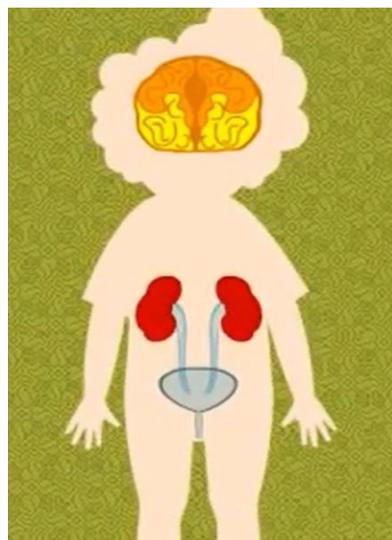
What it is: The third most common food dye



Frito-Lay Cheetos Flamin' Hot Crunchy and other Frito-Lay products; Betty Crocker Fruit Roll-ups; some JELL-O gelatin deserts and instant puddings; Fruity Cheerios; Trix; some Eggo waffle products; some Kid Cuisine Kung Fu Panda products; some Kraft macaroni and cheese dinners; some Betty

Crocker frostings; some M&M's and Skittles candies; Sunkist Orange Soda; Fanta Orange.

Small or “nervous” bladder



If a child wets at night but not in the daytime, then the problem is one or both of these: the bladder signal isn't strong enough, or the brain isn't listening during sleep.

Water Gulping



Contrary to what people think, water is the only medicine that you need to get dry once and for all. Children need roughly one liter of fluids daily to fix 'small bladder' and 'nervous bladder' as well as bowel issues.

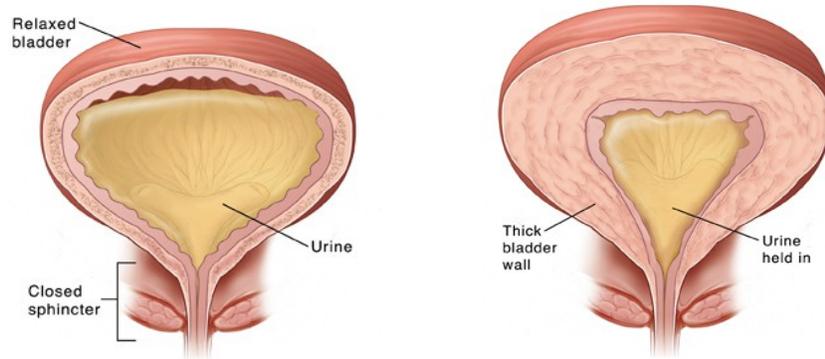
Bladder Attention Exercises

This exercise is used in addition to, or instead of the water gulping, both day and night. It increases awareness to strengthen the brain/bladder connection. After a while you will 'feel it' more strongly when you have to go to the bathroom.

Toning Exercise:



Contrary to common advice, "holding pee in" doesn't stretch the bladder.. it makes it work too hard, causes it to be tough and smaller. "Holding" the bowels can cause the rectum to be distended with constipation. We don't recommend "holding" exercises for children, but 'stop-start' exercises may be helpful.



Holding causes a bladder to be thick, twitchy and smaller

Waking Up Practice: Guided Imagery



Guided Imagery is used by athletes and salespeople; it's also very effective in preparing a child for bladder awareness during sleep. You've heard that it's possible to do something so often that you could literally "do it in your sleep".

Motivation

Most children learn to wake up to a bed wetting alarm in less than a week, but parents who purchase a 'bed wetting alarm' and apply it without other techniques may find that the child would simply rather sleep, and ignore the alarm. This is especially true of children who have been in pull-ups for years.

- The first step in motivation is to throw out the pull-ups. They make it too easy to go back to sleep.
- Next, help your child to draw a Star Chart for dry nights.
- And give the child a small reward occasionally, not for being dry but for maintaining a good attitude.

How a Coach can help: Frequent follow-up by an expert, to change remedies depending on the progress, will help to maintain constant improvement. I've met many parents who tried alarm therapy on their own, and gave up after a week. The alarm method takes 12 to 20 weeks.

Bed Wetting Alarms

Studies indicate that using a bed wetting alarm alone has a success rate of 30% in the long term, while the alarm combined with behavioural, diet, and habit modifications with frequent counselor follow-up has a success rate of over 90%. More about alarms:

Choosing an Alarm

Highest Price May Not Be The Best Choice

Bed wetting alarms available in a variety designs, and vary in price from \$15 to \$150. So which one is best for you?

I've met parents who wanted the very best, and spent \$150 on a 'wireless' bed wetting alarm.. used it until it malfunctioned six months later, and purchased another.. then called me to help with a Coaching program. My recommendation is, of course, is to look for a alarm program rather than a bed wetting alarm alone.

Some of the most popular alarms have a failure rate of 50% in four weeks! I've collected quite a few from parents who were frustrated and when that happens, it's hard to recover the child's confidence that he can ever be dry at night. All alarms break down, because children often panic and pull them off roughly while sleeping.

My suggestion: rather than buy an \$80 alarm at the drug store, go to www.drykids.info and look into an alarm Coaching program. You get an alarm, an hour of personal Coaching, an average if twenty follow-up coaching calls, and fast replacement alarms for \$169. And a **money-back guarantee** that the child will be dry soon.



The most common bed wetting alarms attach to a shirt near the collar where it can be heard easily. Most of them are hard little boxes with a wire leading down to the underwear, where a sensor is inserted or attached.

Questions your doctor will ask:

Physical causes of enuresis are quite rare, the most common being diabetes and infection. Parents might expect tests to include ultrasound or X-rays, but 'small bladder' or "slow development" of the bladder are treatable with simple bladder toning exercises.

"Bladder extension exercises" are not recommended, they seem to make sense, but are completely counter-productive. Holding causes the bladder to be thicker, because it's a muscle! The treatment that works is frequent urination and frequent water gulping.

Child's name: _____ Age: _____ M/F

1. Has your child ever had a bladder or kidney infection? _____
 2. Has your child had significant ear infections, even as a baby? _____
 3. Does your child complain of pain or burning when urinating? _____
 4. Does your child urinate more than 9 times a day? _____
 5. Does your child have daytime wetting accidents, even just damp underpants? _____
 6. Has your child recently begun wetting the bed after 6 months or more of being dry? _____
 7. Does your child have trouble with his/her urinary stream? Dribbling, a weak stream, or having to push hard to start urination? _____
 8. Does your child have damp underpants after going to the bathroom? _____
 9. Does your child wake up more than once a night to drink water? _____
 10. Does your child have a problem with abdominal pain or chronic diarrhea? _____
 11. Does your child hold in bowel movements? _____
 12. Does your child ever soil underpants with stool? _____
 13. Has your child experienced a recent history of mood swings or other emotional problems? _____
 14. Does your child snore heavily at night in and stops breathing or struggles to breathe? _____
 15. Does your child have insomnia, sleepwalking, or night terrors? _____
 16. Has your GIRL had any trauma, either physical or emotional, at approximately the time when her daytime wetting issues began? _____
-

