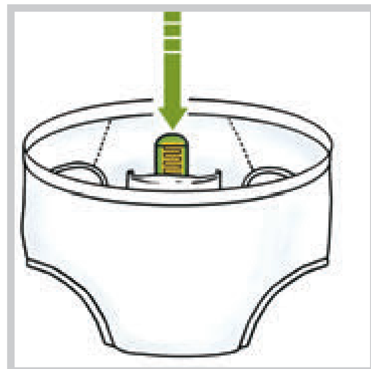
Modern wireless technology offers support with treatment



The ENUTRAIN Systems moisture sensor can be comfortably attached to the child's briefs or underpants. There is no need for any wires or leads. The ENUTRAIN sensor transmits the signal wirelessly to the alarm.

Under normal home conditions, the alarm can be placed beside the bed of the assisting family member, sparing them the need to sleep in the same room as the child. The sooner the child can be woken after the first drops of urine appear, the greater the chance of success for the learning process.

That still leaves time to accompany the child to the toilet and empty the remaining contents of the bladder. This requires an intelligent sensor like the ENUTRAIN. It will transmit the waking signal after the very first drops of urine, but will notcause a false alarm if the child is just sweating.

Medication and wake-up training

Today it is possible to use medication to reduce nightly urine production in children with enuresis. This can be useful, for example, if a child has to sleep away from home during the wake-up therapy, where it is not possible to continue the training.

It is usually recommended to carry out the wake-up training without the accompaniment of medication to reduce nightly urine production. Studies indicate that success is achieved more quickly and enduringly when waking up and increased urine production remain associated.

Prescription information

Enutrain is an approved medical aid and can be prescribed by your doctor. Should you have any questions about the technology, prescription or dealing with your health insurance company or organisation, please contact our specialists.

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ENUTRAIN

Wireless enuresis wake-up trainer

HELP FOR BEDWETTING CHILDREN

Information for parents

Bedwetting is the second most common health problem in children

In the first year of school, around 10 % of children wet the bed at night, with boys affected twice as often as girls. With a proportion of children the problem will sort itself out, and yet around 5 % of 10 year-olds and 1 % of 18 year-olds still have difficulty waking up in the night to visit the toilet.

Parents seeking advice are sometimes told to take a waiting approach before starting any treatment, but for the majority the problem remains after several years. Studies have shown that only around one in seven bedwetting children stop wetting the bed of their own accord. The shame that comes from having a constantly wet bed eats away at the children's self-confidence and is one of the most significant causes of inferiority complexes in later life.

No mother or father wants their child to have self-confidence problems, especially when the problem can be solved with a small amount of time and effort. After a few months of parents and child working together, the wet bed will in most cases become a thing of the past.

Bedwetting is neither the parents' nor the children's fault

There are two distinct common types of bedwetting:

- Primary bedwetting (primary enuresis nocturna)
- Secondary bedwetting (secondary enuresis nocturna)

In the case of primary enuresis nocturna, bedwetting is present from birth onwards without any long dry phases. This is not a result of bad parenting, but simply a normal part of human growth and learning. Neither the parents nor the child are to blame for the situation.

If a child starts wetting the bed again after the age of five and after an extended dry period (secondary enuresis), it is often the mind that is the trigger. Problems can include the birth of a brother or sister or problems within the family.

Today, when considering the causes of primary enuresis, it is thought that many factors are involved, among others delayed maturation of the sleep-wake switch in the brain stem. Around 2/3 of enuretics differ from "dry" children in their ability to wake up. In sleep laboratory studies, attempts were made to wake bedwetting children by playing loud noises through headphones. 120 decibels is the equivalent of a Harley Davidson riding through the bedroom at full throttle. Only 9,3 % of the children woke up!

Bedwetters that have difficulties waking up are sometimes known as "deep sleepers". However, they do not sleep any more deeply than non-bedwetters. The difference is that the signals from a full bladder are normally suppressed by the central nervous system or result in waking. In the case of bedwetters these reactions do not function reliably. This is where training with Enutrain comes in.

Waking up in time can be learned

Treating bedwetting using medical aids such as alarm mattresses or briefs with an alarm has been common for many years. Studies have shown that with these methods up to 80 % of enuretics stop wetting the bed and the relapse rate is low.

In a 2 - 6 month learning process the child is woken as soon as urine comes into contact with the unit's moisture sensor. After a while the subconscious learns to associate the need to urinate with waking up, resulting in the child waking up as pressure on the bladder increases.

The success of the treatment depends to a large extent on support from the family. In the case of children with waking difficulties, often the rest of the family are woken by the acoustic urine alarm, only the child remains asleep. With conventional alarm mattresses or briefs with an alarm, disappointment about this often leads to treatment being discontinued.

It is therefore necessary during the first 4 - 6 weeks of treatment that a member of the family fully wakes the child and accompanies them to the toilet. For treatment to be successful it is also necessary to give the child a sense of responsibility for its own treatment, for example with the aid of an enuresis calendar. It is important to challenge but not overtax the child! Enutrain provides essential help in achieving this.

Treatment tips

Before prescribing a wake-up therapy, it is necessary to have a physical examination carried out and to determine the urination habits of the child, both during the day and at night. Children with enuresis often also have problems with urination during the daytime, e.g. suppressing it out of fear of missing something. This can result in urinary tract infections or irritation of the bladder that can lead to bedwetting at night.

Only the doctor can identify whether it is a normal developmental delay or a condition that has to be taken seriously. The following are characteristic of primary enuresis nocturna:

- flooded bed since birth,
- almost impossible to wake, either withnoise or physical contact,
- the urge to urinate, urination or lying in a wet bed do not lead to waking up

Detailed information on the child's urination habits combined with a physical examination usually allow the doctor to quickly decide whether wake-up therapy should be considered or whether further examinations are necessary.