



IS BED-WETTING A PROBLEM IN YOUNG ADULTS?

About two out of every 100 young adults wet the bed at night (also called nocturnal enuresis). It can be a problem for both young men and women, with most young adults who wet the bed having done so since they were a child. While some may have had help as a child, many young people may never have had help with this problem. They may think bed-wetting will get better with time, or that it can't be helped.

Some young people with night-time wetting may also have day-time bladder problems, such as passing urine more often and more urgently than normal, and urine leaks as they hurry to the toilet (also called overactive bladder).

Bed-wetting can make everyday life more difficult. Young adults may be embarrassed by this problem, and they may fear that people will find out. They can also have the expense and workload of extra washing. It can be tricky to stay away from home overnight or to share a bed or room with someone else. A big worry is what bed-wetting can mean for close personal relationships.

IS HELP AVAILABLE FOR BED-WETTING?

The good news is that you CAN get help. With careful review and treatment, bed-wetting can often be cured, even if past treatment did not help.

Even when it can't be cured, you can reduce symptoms and keep bedding dry.

WHAT CAUSES BED-WETTING IN YOUNG ADULTS?

Wetting the bed is caused by a mix of three things:

- the body making a large amount of urine through the night;
- a bladder that can only store a small amount of urine at night; and
- not being able to fully wake up from sleep.

In some young adults there is likely to also be some change in bladder function that stops normal filling and emptying of urine through the day.

LED RIĒNYTHĪ LAAC KE NIN?

TĚ cĭt tĕn riĕnythĭi ka rou riĕnythĭi 100 yĭc aa laac ke nin (tuany ye riĕnythĭi laac ka nin). Kĕn a lĕu bĕ ril riĕnythĭi nhĭĭm, dhĕk ku nyĭr, ku riĕnythĭi laac ke nin aa lac ya kĕc kĕc muĕl laac-nĭn gol tĕn ye kek mĭth. Tĕkdĕ ka riĕnythĭi kĕk aa cĕ kony bĭk muĕl laac agenic wĕĕr ye kek mĭth, ku riĕnythĭi kĕk aa kĕc kony bĭk muĕl laac-nĭn gol tĕn ye kek mĭth. Tĕkdĕ ka yekĕ tak alĕ laac-nĭn a bĕ jĕl tĕ le run wan wĕlĕ tĕkdĕ ka yekĕ tĭŋ ka ye ayĕĕr cĭn kĕ nyĕy yeen.

Riĕnythĭi laac-nĭn aa lĕu bĭk laŋ kĕ jĕor tĕn keek biĕk alĕĕc akĕl - kĕ cĭt laac emĕn ku emĕn ku riĭŋ yĕn laac, ku thi u thar ke riĭŋ yĕn laac (cĕl alĕny tuc guĕp).

Laac-nĭn a lĕu bĕ tĕ ye raan kĕ ke luĕcy thĭn akĕl rac yĭc. Riĕnythĭi aa lĕu bĭk ya rĕer ke cĕ gup riĕĕc wĕt laac-nĭn, ku rĕerkĕ ke riĕc cĭt bĭ jĕn njĭc lon ye kĕk laac nĭn. Aya a lĕu bĭk laŋ alĕth juĕĕc yekĕ lĕk. A lĕu bĭk nhĭĭm thĭek tĕ yĕok pamĕth keek bĭk la nin bei yĭc - agerem raan dĕ nhom. Ku na thĭekĕ nhĭĭm, ka ke ke diir ciĕt mĕĕth bĕ riĕĕk.

LED RAAN LĒU BĒ RIĒNYTHĪ LAAC NĪN KONY?

Thonŋ path a kĭn: yĭn a LĒU bĕ yĭ kony ba muĕl laac nĭn. Na muk laac du nhom ku muoc yĭĭn wal, ka laac-nĭn a lĕu bĕ kĕĕc, cĕkalĕn cĭ dĕc kaŋ them thĕer ku cĭn kĕ yĕm.

Cĕk lĕ kĕc laac-nĭn kĕĕc, ka kĕ juĕĕc cath ke yeen aa bĕ tek yĭc ku cĭn akĕt yĭc lĕc.

YĒDĒ YEN RIĒNYTHĪ CĒL A LĒC AKĒT YĪIC?

A leŋ kĕŋ ka diĕĕŋ laac-nĭn bĕi:

- Tĕ ye guĕp pĭu juĕĕc wuĕl wĕer yĭc;
- Tĕ koor alĕĕc bĕ lac juĕĕc cĭ ye muk; ku
- Tĕ kĕc meth pĕĕc apath.

Tĕn riĕnythĭi kĕk, alĕĕc a lĕu bĕ nuĕŋ bĕ ciĕn tĕ yekĕ yĕk lon wĭc laac wĕlĕ cĭk wĭc laac.





Worldwide research means that we now know more about the causes of bed-wetting, such as:

- bed-wetting can run in some families;
- some bladders can't hold very much urine through the day and this can cause problems at night;
- some bladders do not fully empty on the toilet, which means urine stays in the bladder;
- some kidneys make larger amounts of urine than normal through the night.

CAN THERE BE OTHER REASONS FOR BED-WETTING?

Some other things can make it hard to control bed-wetting, such as:

- constipation;
- infection in the kidney or bladder;
- drinking too many drinks with caffeine and/or alcohol;
- the use of some medications and illegal drugs; and
- allergies or enlarged adenoids and tonsils which block the nose or upper airways at night.

HOW CAN BED-WETTING BE HELPED?

Research has led to new types of treatment. Since bed-wetting in young adults can be more complex than in children, you must talk to a health professional with special training in bladder problems, such as a doctor, physiotherapist or continence nurse advisor. When you see this health professional, the problem will be reviewed and a physical check and some tests will be done. One test may check your urine flow (by passing urine in private into a toilet). Another test can check if your bladder empties right out. You may also be asked to do a bladder diary at home.

Treatment will depend on what was found in the check, but could be:

- treatment of constipation and bladder infection;
- drugs or sprays to boost how much your bladder can hold, or to cut down how much urine is made through the night;

Jăc gĕĕk cĕ looi pinyhom ebĕn a cĕ lĕk kă juăac biăk laac-nĭn, kă cĭt:

- Laac-nĭn a lĕu bĕ cath kuat;
- Alĕc kĕk aa ce lĕc juăac muk akĕl ku yen lan wĕĕr ku ye rot looi bĕ raan ya laac emĕn ku mĕn ku pĕn ye nĭn;
- Alĕc kĕk aa ce yiic thĕk tĕ le raan laac, lĕc kĕk aa dĕŋ alĕĕc yic;
- Rok kĕk aa lĕc juăac wuĕl wĕĕr yic.

LEĐ DĔĐ RAAN CĀL A LAC NĪN?

A leŋ kă kĕk raan cĀl a lac nĭn, kă cĭt:

- Kuil;
- Tuany ĕ rok wăla alĕĕc;
- Dĕŋ kă leŋ yiic kape wălă/ku măău;
- Wal kĕk ye akĭm găt koc ku wal rĕc ye kual; ku
- Mĭĭth muĕn ke rim wălă cuk wum wĕn ye raan kuĕc wĕĕi tĕ niin yen.

RAAN LAC NĪN BĔ KONY KADĂ?

Jăc cĕ looi a dĕcdĕc juăac cĀl yĕk. Rin ril yen yic bĕ laac-nĭn deet tĕn riĕnythĭi tĕ thĕŋ keek ke mĭth, ka yĭn a dhil jam kek raan cĕ wĕl pial guĕp kueen, apĕy raan cĕ wĕl alĕĕc kueen, raan cĭt akĭm, raan koc duăăny wălă akuŕnyakĭm ĕ thi u thar. Na loŕ tĕn raan cĭt kĕn, ka tuany du a bĕ ben la caath, ku cĕeth raan guĕp ku cĕeth tĕ ye guĕp raan luui thĭn. Cĕmĕn lĕc aa lĕu bĕ ke caath (bĕ raan ka akĭm tĕu thĭn ku a cĭn raan dĕd). Cĕeth dĕd a lĕu bĕ alĕĕc tĭŋ lĕn cĭ yen yic thĕk. A lĕu bĕ yĭ lĕk aya ba kaam yĭn laac baai ya găt piny – ku găt kuat kĕ loi rot laac du yic ebĕn baai.

Dĕc bĕ găm raan a luŕcy tĕ cĭt tĕn kĕ cĕ yĕk raan guĕp, a lĕu bĕ ya:

- Dĕny ĕ kuil ku tuany alĕĕc.
- Wal wălă ka wĕn ye puŕcu meth guĕp bĭk alĕĕc ya cĀla muk lĕc juăac wălă bĭk lĕc ye rok ĕ meth wuĕl wĕĕr yic tĕk yiic.





- training to control how well the bladder stores and empties urine;
- use of an alarm that goes off when the bed becomes wet. This can be useful for young adults as well as children but may not be the first thing tried;
- a mix of some of the above treatments; and
- use of continence products to protect bedding and skin, reduce odour and increase comfort while treatment is underway.

Treatment can take a few months to work. If you only take the drugs or use the alarm now and then, it may not work at all. Some of the things that can increase the chance of becoming dry are:

- wanting to improve;
- having your treatment supervised; and
- putting in a big effort to make changes where you have been asked to.

When bed-wetting does not get better, it isn't your fault in this case, you should see a specialist doctor who will do a more thorough review.

SEEK HELP

Qualified nurses are available if you call the National Continence Helpline on 1800 33 00 66* (Monday to Friday, between 8.00am to 8.00pm Australian Eastern Standard Time) for free:

- Information;
- Advice; and
- Leaflets.

If you have difficulty speaking or understanding English you can access the Helpline through the free Telephone Interpreter Service on 13 14 50. The phone will be answered in English, so please name the language you speak and wait on the phone. You will be connected to an interpreter who speaks your language. Tell the interpreter you wish to call the National Continence Helpline on 1800 33 00 66. Wait on the phone to be connected and the interpreter will assist you to speak with a continence nurse advisor. All calls are confidential.

Visit bladderbowel.gov.au or continence.org.au/other-languages

* Calls from mobile telephones are charged at applicable rates.

- Dīic bĕ alĕĕc njec njĕĕc bĕ lĕc juāac ya muk ku njīc kaam ě laac.
- Lon ě kaan ě wĕĕr wĕn bĕ ya kuuth tĕ cĭ agerem tiap. Kĕn a lĕu bĕ piath tĕ riĕnythii ku mĭth ku a cĕ path bĕ ya yen kĕ kŕŕ looi.
- Liĕĕp bĭ dŕŕc kĕ liāap; ku
- Wal ě tuany ě acuek anuum rin bĕ akāt ku dĕl ya rĕĕr ke la lĕklĕk, ku tek nuāc yic ku cŕl raan a pĕl ye guŕp piny ka dŕc la tuĕj.

Wal aa lĕu bĭk pĕy lik looi ku jŕlkĕ luui. Na ye wal ke ye dek rŕt ku kaan ě wĕĕr ee luui ku ben kŕŕc, ka cĭn kĕ bĕ rot ka looi. Kĕ kŕk bĕ laac-nĭn tek yic aa kik:

- Tĕ wĭc meth yĕen bĕ muŕl laac-nĭn;
- Tĕ muk akĭm dŕny ě wal nhom; ku
- Cŕŕ puŕu bĭ wek we puŕth cŕk kĕ cĭ akĭm lueel yiic rin bĕ laac-nĭn dhiel muŕl.

Na cĕ laac yŕt rot war, ka cĕe awāc du. kee tĕnĕ, ka yĭn adhil akĭm tĭj bĭ ben la caath apath.

WĪC KUŒŒNY

Mathaat akĭm cĭ piŕc aabi tŕ na yĭ ayup telepun KuŒŒny Baai kĕk thiu thar ee nĭmra kĕnĕic tŕk, bĕt, gueu, diĕk, diĕk, gueu, dhetem, dhetem*/ 1800 33 00 66* (akŕl Tŕk agut akŕl Dhiĕc ee Lĕĕtic (Monday- Friday) kaam thaa bĕt nhiĕk-duur (8am) ku thaa bĕt thĕĕi (8pm) ee thaa kŕc Australia ciĕŕ Ciĕĕn) aye gĕm kŕc abĕc:

- Lĕk/Wĕl;
- Wĕĕt; ku
- Athŕr thiin ě lĕk.

Na yĭn acĭe njĕĕc jam thoŕ English apieth ka yĭn alĕu ba telpun luŕi ye kŕc KuŒŒny wĕr thokic yuŕp. Cŕl nĭmra kĕnĕ tŕk diĕk, tŕk, nuan, dhiĕc/13 14 50. Tuenjic, abĭ raan kŕŕ dhuk nhom ee thoŕ English, luel thoŕduŕn ee yĭn jam ku tiĕĕt ee telepunic. Yĭn abĭ tuŕŕm thok kek raan kŕc waar thook/duwĕr jam thuŕŕdu, ku jal kek lĕk wĕtduŕn wĭc ee yĭn kŕc Baai KuŒŒny Kĕk thiu thar yuŕp ee nĭmra kĕnĕic tŕk, bĕt, gueu, diĕk, diĕk, gueu, dhetem, dhetem/ 1800 33 00 66. Tiĕĕt ee telepunic ku bĭ yĭ gam ku duwĕr abĭ kony ba jam kek mathaat akĭm kŕc lĕk. Telepun duwĕr aye kŕc yup thĭn abĕc/majan ee rin cĭn en wĕu ye wĭc tĕnĕ yĭn. Kek wĕl ěbĕn aye thiaan yiic.

Nem thĭcŕnyin eet bladderbowel.gov.au wulĕ continence.org.au/other-languages (thok-thok kŕk yiic)

* Yup mobaalic ee wĕu cam tĕcit cŕt baai ětĕn.

