

Clinic helps dry up the source of a wet problem

By Sherry Kahan
staff writer

AS NEW IDEAS about bedwetting came along over the years, Barbara Moore of Farmington Hills was paying attention.

She had a bedwetting problem in her own family and was determined to solve it. She knew that about 20-million people in the country are enuretics (bedwetters) and also needed a solution.

She pulled in knowledge of causes and treatments from study and from contact with parents. Then she started a small business as a consultant on bedwetting. Later she established the Family Enuresis Center of Farmington.

Its treatment methods are based on a number of discoveries that are not new. But it needed someone like Moore to pull them all together in a structured program.

"Bedwetters have an inherited sleep problem," said Moore. Most people fall into a deep sleep at night, but it is usually brief. They then go to a lighter sleep that allows signals from the body about a full bladder to reach them. Enuretics go into a profound

sleep most of the night, and the signals don't get through.

"Parents restrict fluids before the bedtime goes to bed, and they wake him at night to empty his bladder," said Moore. "This perpetuates the small bladder."

Dr. Lyle Danuloff, psychologist for the center, added: "Not only is the bladder small, but their sensitivity to the bladder function is very poor. They don't know it is full. And the lock muscle at the end of the bladder is very weak."

"Less than 1 percent of bedwetting has a medical or psychological origin," said Danuloff, who obtained his doctoral degree from the University of Missouri and interned at the Lafayette Clinic in Detroit. He added that psychological counseling is often needed to conquer stress and embarrassment brought on by enuresis.

Both Moore and Danuloff found previous ways to treat enuresis felt much to be desired.

Doctors do tests that Danuloff labeled as "invasive or uncomfortable." Moore explained that "they stretch the bladder of girls and enlarge the opening of the penis for boys. Both tests pro-

duced a lot of pain and rarely ended the bedwetting."

AFTER THE TESTS, she continued, "children were put on drugs, which seldom have an effect (on bedwetting). Drugs have many side effects which can be potentially harmful to the child."

In addition, drug overusage has occurred. Parents were also advised to seek psychological help for the child, the theory being that bedwetting is caused by emotional problems.

This therapy failed because it was inappropriate, according to Danuloff. After these treatments proved to be unsuccessful, the parents were told: "The child will outgrow it."

The Family Enuresis Center has about 600 active cases at the present time involving people who have not outgrown it. It accepts about 50 new ones a month. Moore estimated its success rate at 90 percent.

The treatment methods include waking the child at night, giving him liquid in the evening to enlarge his bladder, and having him exercise to strengthen the lock muscle. In addition, Danuloff is on hand to encourage clients to talk about the emotional impact of being a bedwetter.

IN ORDER that the child be wakened at night, a battery-powered moisture monitor, which Moore had developed, is used. When wet, it gives off a sound like a smoke alarm. Its purpose

is to wake a parent.

Then the parent's job is to wake the child. Really wake him.

"It is a biofeedback technique that teaches the youngster's brain not to sleep so profoundly," said Danuloff. "It also teaches the brain to respond to the body's own signals, which it doesn't do in a deep sleep."

He added: "A reverse learning takes place. The brain learns to respond before urination."

According to Moore, in four to eight weeks a different level of sleep can be noticed.

At the same time the center staff is encouraging parents to give fluids in the evening to enlarge the bladder, and exercises are taught.

Moore indicated that if these steps are carefully supervised by a trained staff, there is less likelihood of failure.

FOR THE ADULT or child who has been living in fear that someone would find out his problem and who has a poor self-image because of bedwetting, counseling is offered.

"If you think of shame in terms of a child, it is that much more for an adult," said Danuloff, who mentioned that the center makes an effort to give adults privacy. "It is a major source of pain, especially as bedwetters grow older. There is a constant feeling of failure. There is something everyone else can do and they can't."

The problem can affect peer relationships, school performance, their

self-esteem and their plans. There is stress in the family because day in and day out someone is wetting the bed."

He pointed out that some kids will remain well-adjusted during their bedwetting period, but the counseling aid is available to those who want it.

The center charges \$35 for the first appointment. Most diagnostic tests are covered by most health insurance, and most cover the psychological sessions, said Moore. After the initial visit to the Farmington Office at 23023 Orchard Lake Road, clients can follow up at affiliated clinics in Garden City, Farmington Hills, Bloomfield Hills and Treen-ton.

A client is regarded as cured when there is no bedwetting for 90 nights.



Barbara Moore, founder of the Enuresis clinic, and Dr. Lyle Danuloff, psychologist on staff.

Happiness is a dry bed

Happiness is a dry bed.

Several parents whose children attended the Family Enuresis Center said that life had become much better for them and their children after the children's bed wetting stopped.

"We are thrilled to death that she's stopped wetting," a Redford mother said of her 7-year-old daughter. "There was nothing we had done that helped. We got her up at night. We kept liquids from her. They were the wrong things to do."

"Now she spends the night with her girlfriend and can go on vacations. I'm glad it's over."

A MT. CLEMENS mother who enrolled her 8- and 10-year-old sons in the program pointed out that her husband, who had been a deep sleeper and a bedwetter, was delighted to find a successful program.

When he woke up wet, he felt like a baby, he told her. "He thought he would never be a man; it was really traumatic," she said. "When the children were in the program, it was a bit of work at the beginning. My husband and I took turns waking them up. He realized this could save the kids years of grief."

She pointed out that she noticed a big difference in her boys after they no longer wet the bed. They hadn't felt like normal kids when they reached 7 or 8 because they realized by then this was not supposed to be happening.

"THEIR CONFIDENCE and their attitude improved," she said. "They used

to be so crabby in the morning. They used to be nervous about inviting friends to the house."

"Their teacher suddenly noticed a lot of confidence in my son. He didn't know what was going on. My son's math grade went from D to A, and he skipped a reading level. This program means so much to them. One son went through in five months, the other about a year."

For a Huntington Woods family, the problem suddenly developed in one of the children after the boy reached the age of six.

The term used is secondary bedwetter.

AT FIRST, THE mother said she did nothing about the problem because she figured the boy was just lazy. But the problem continued.

"Then came the anger, the hostility, the stripping of the bed in the middle of the night," she said.

She said she didn't waste any time consulting with the Farmington clinic once she learned of the program.

That was six months ago and her son and the family feels the problem is all but eliminated.

The child has been dry for months and has passed that part of the program referred to as the fluid challenge — being able to hold 16 ounces of fluid for four hours.

The kids refer to it as "Olympic kid-

neys." And when they reach that level of the program, they feel they are real champs.

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PUBLIC NOTICE

ANNUAL BUDGET OPEN FOR INSPECTION

The Farmington City Council, on Monday, June 6, 1983, enacted the City's budget for the fiscal year 1983-84. A Summary of the enacted budget showing the intended uses of Revenue Sharing Funds and Information supporting the budget actions taken by the Council are available for public inspection in the Office of the City Clerk, Farmington Municipal Building, 23500 Liberty Street, Farmington, Michigan, Monday through Friday, 9:00 a.m. to 4:30 p.m.

JOSEPHINE M. BUSHEY,
City Clerk

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